

FILED JUL 2 1943

Registration District No. 407 175

Primary Registration District No. 4280 3036

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
111 West Locust St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Aurora
(If outside city or town limits, write "RURAL")
(d) Street No. 111 West Locust St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Eldridge Boyd Miller

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha Miller 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased January 19 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 3 23 hr. min.

9. Birthplace Greenfield Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired R.R. Conductor

11. Industry or business.....

MOTHER FATHER { 12. Name Eldridge Boyd Miller
13. Birthplace ? Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ellison
15. Birthplace ? Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bertha Miller
(b) Address Aurora Mo.

17. (a) Burial (b) Date thereof 5/12/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director J.P. King

(b) Address AURORA MO.

19. (a) 5-12-43 (b) Cunice Greene
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1943 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from....., 19..... to....., 19.....;

that I last saw him im alive on....., 19..... and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease

Due to Hypertension Duration Stat

Due to Hemiplegia Duration 15 yrs

Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: gka
Of operations.....

Underline the cause to which death should be charged statistically.
Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature P.D. Cowan (M. D. or other)
Address Aurora, Mo Date signed 5/23/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Dist. of Cooks

642-803

SUN 29 1943

MAY 1 1949

DEC 7 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *German M. Surridge*

Licensed Embalmer No. *3072*

P. O. Address *Curora Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.