

ED AUG 7 1943 87

Registration District No.

Primary Registration District No. 3048

1. PLACE OF DEATH:

(a) County Lickingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
12-E. Jackson 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 45 yrs (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lickingston
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 12-E. Jackson
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Claude 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 Widowed
6. (b) Name of husband or wife Allene Miller 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Nov. 8 - 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 27 If less than one day hr. min.

9. Birthplace Clinton Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Retired

MOTHER FATHER
11. Industry or business
12. Name James P. Miller
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Josephine Barnett
15. Birthplace West Va. (City, town, or county) (State or foreign country)

16. (a) Informant Ms. George Dent
(b) Address Chillicothe Mo.

17. (a) Burial (b) Date thereof 7-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edge Wood Cem.

18. (a) Signature of funeral director James D. Gordon
(b) Address Chillicothe Mo.

19. (a) July 17-43 (b) Lo. E. Co. 227
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1943 hour 8 - minute 30 - P. - M.

21. I hereby certify that I attended the deceased from June 1 - 1942 to July 15 - 1943
that I last saw him alive on July 15 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death mental insufficiency

Due to unknown

Due to

Other conditions (Include pregnancy within 3 months of death) 92 lb

Major findings: Of operations

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 U

23. Signature [Signature] (M. D. or other) [Signature]
Address Chillicothe Mo. Date signed 7/16/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

James D. Gordon

Licensed Embalmer No. *1876*

P. O. Address.....

Chillicothe, 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.