

10. 2
8-43
17-39
X37823

FILED OCT 13 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 5196

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Bosworth rural Ridge
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sw

(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 Carroll

(c) City or town Bosworth rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE C. 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. (c) Age of husband or wife if deceased alive _____ years

7. Birth date of deceased: November 30 - 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 9 22 hr. _____ min.

9. Birthplace: Seymour Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER

12. Name: Fred W. Miller

13. Birthplace: Germany
(City, town, or county) (State or foreign country)

14. Maiden name: Nancy C. Granel

15. Birthplace: Jackson County Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant: Wm. F. Hubbard

(b) Address: Bosworth Missouri

17. (a) burial (b) Date thereof Sept. 24 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Big Creek Cemetery

18. (a) Signature of funeral director: D. J. Edwards

(b) Address: Bosworth Missouri

19. (a) Sept 24 - 1944 (b) Ruth Barry Edward
(Date received local registrar) (Registrator's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22 day Sept
year 1944 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept 16 - 44
1944 to Sept 22 1944

that I last saw in alive on Sept 22 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Nephritis
Suppurative type

Duration _____

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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: 2

23. Signature: J. R. Fisher (M.D. or other) D.O.

Address: Brunswick Mo Date signed: Sept 24 44

1053

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

10-11-44

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

David J. Edwards

Licensed Embalmer No.

3265

P. O. Address

Bosworth Inc

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.

Registration District No. 55 Primary Registration District No. 5196

1. PLACE OF DEATH:

(a) County Cassell
(b) City or town rural Ridge Jwp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

3. (a) PRINT FULL NAME George C. Miller

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced n

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 20 1922
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 2 (If less than one day, _____ min.)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____ (City, town, or county) (State or foreign country)

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 22
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death acute nephritis Duration _____

Due to chronic nephritis & large prostate

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. L. Fisher (M. D. or other) _____
Date signed _____

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

SUPPLEMENTAL

30691