

FILED JAN 9 1947
Registration District No. 178

Primary Registration District No. 5663

Registrar's No. 112

1. PLACE OF DEATH:

(a) County Lewis

(b) City or town RURAL - Lyon Twp.
(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 Entire life
years, months or days

3. (a) PRINT FULL NAME ROBERT THEO MILLER

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pearl Marks

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Sept 27 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>2</u>	<u>24</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Robert J. Miller

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

14. Maiden name Annetta Spenser

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

16. (a) Informant Mrs Pearl Miller

(b) Address Monticello, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 12/23/46
(Month) (Day) (Year)

(c) Place: burial or cremation Zion Hill Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Clinton, Mo.

19. (a) 12/23/46
(Date received local registrar)

(b) [Signature]
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis

(c) City or town 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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21
year 1946 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan 10, 1938 to Dec. 21, 1946
that I last saw him alive on December 7, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Disease of Heart 8 yrs

Due to _____

Due to _____

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

Major findings: 92D

Of operations _____

Of autopsy _____

Duration

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 U

23. Signature [Signature] (M. D. or other)
Address Clinton Mo. Date signed 12/21/46

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

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44

161

RECEIVED
DEPT. OF HEALTH
EMBALMER No. 10
4-47-48
JAN - 7 1947

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 Earl H. Buckley
Licensed Embalmer No. 2615
P. O. Address Canton, 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.