

FILED AUG 7 1948

Registration District No. _____

Primary Registration District No. **4009**

Registrar's No. **230**

1. PLACE OF DEATH:

(a) County **Andrew**
(b) City or town **Savannah**
(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 **60 yrs**
years, months or days

3. (a) PRINT FULL NAME **JOHN F. 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 **Edna Miller** 6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **Nov 19 - 1884**
(Month) (Day) (Year)

8. AGE: Years **63** Months **8** Days **9** If less than one day _____ hr. _____ min.

9. Birthplace **Unknown Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **House**

12. Name **Isaac Miller**

13. Birthplace **Unknown Indiana**
(City, town, or county) (State or foreign country)

14. Maiden name **Susan Huber**

15. Birthplace **Unknown Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Edna Miller**

(b) Address **Savannah MO**

17. (a) **Buried** (b) Date thereof **7-30-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Savannah Ind**

18. (a) Signature of funeral director **Moore**

(b) Address **Savannah MO**

19. (a) **7-29-48** (b) **William Scott**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Andrew**
(c) City or town **Savannah MO**
(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 **July** day **28**
year **1948** hour **7:30** minute **20 A.M.**

21. I hereby certify that I attended the deceased from **July 21**, 19**48** to **July 28**, 19**48**; that I last saw him alive on **July 28**, 19**48** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** Duration **7 days**

Due to **Coronary Thrombosis** 7 days

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? **11**

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature **William Scott** (M. D. or other) **MD**

Address **Savannah MO** Date signed **7-28-48**

MOTHER FATHER

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 *G. M. Atkinson*

Licensed Embalmer No. *2279*

P. O. Address *Severna Park Md*

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

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