

FILED JAN 21 1949

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42385

State File No.

Registration District No. 57

Primary Registration District No. 4081

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Carroll
 (b) City or town Bosworth
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home Bosworth, Mo.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
all his life, (Specify whether
 In this community years, months or days)

3. (a) PRINT
FULL NAMEEarnest Miller.

3. (b) If veteran,

name war none

3. (c) Social Security

No. none4. Sex M 5. Color or race W6. (a) Single, widowed, married,
divorced. Married6. (b) Name of husband or wife
Sallie Miller6. (c) Age of husband or wife if
alive 72 years7. Birth date of deceased May 15th, 1876
(Month) (Day) (Year)

8. AGE:

Years

72

Months

7

Days

15

If less than one day

hr. min.

9. Birthplace

Carroll County, Missouri.

(City, town, or county)

(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

Carl Fredrick Miller

12. Name

Germany

13. Birthplace

Mary Ann Caulson,

(City, town, or county)

(State or foreign country)

14. Maiden name

England,

15. Birthplace

Wesley Collier,

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

Bosworth,Tina, Missouri.

17. (a)

Burial

(b) Date thereof

1/2/1949

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Vanhorn Cem. Tina, Mo.

18. (a) Signature of funeral director

Clifford W. Austin,

(b) Address

Tina, Missouri.

19. (a)

Jan 4 - 1949

(b)

Pearl Koch

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30th
 year 1948 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from 1947
 to Dec 30, 1948
 that I last saw him alive on Dec 30, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death.....

Coronary Occlusion

Duration

48 hrs.

Due to.....

Hypertension etc.

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 sta-
tistically.

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)

(c) Means of injury

23. Signature

Carl Red MD

(M.D. or other)

Address.....

Carrollton, Mo.Date signed 1-2-49

RECEIVED

District Health Officer No. 8.

District File Number.....

Date Filed 1-19-49

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

Byford W. Austin

Licensed Embalmer No. 3233

P. O. Address Tina, Missouri.

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.