

FILED FEB 9 1949

State File No. _____

Registration District No. 117

Primary Registration District No. 5436

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town "Rural" Boulware 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 29 years
(Specify whether years, months or days)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Fremont Alexander 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 married

6. (b) Name of husband or wife Emma Austeman Miller
6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased October 17 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>3</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace Stony Hill Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Miller

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

14. Maiden name Louisa Goss

15. Birthplace Stony Hill Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fremont Miller

(b) Address Drake, Mo.

17. (a) Burial (b) Date thereof 1-23-49
(Burial, cremation, or removal) (Month) (Day) (Year)
Beemont M.E. Cem.

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Milford H.H. Winter
Owensville, Mo.

(b) Address _____

19. (a) 1-22-49 (b) A. Mundwiller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20
year 1949 hour 9 minute 30 a.m.

21. I hereby certify that I attended the deceased from 1-20, 1949, to 1-20, 1949
that I last saw him alive on 1-20, 1949
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 hr.

Due to _____

Due to _____

Other conditions Arteriosclerosis, Hb. Sys
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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) (c) Means of injury _____

23. Signature Paul Brunet (M. D. or other) MD

Address Owensville, Mo. Date signed 1-2-49

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
FEB 8 1949
Date Filed

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 Ms

....., Registered Apprentice No.
working under my personal supervision.

Signed Melford H. H. Winder

Licensed Embalmer No. 3838

P. O. Address Owensville Mo

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.