

Feb MAR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5952
Do not use this space.

1. PLACE OF DEATH
(a) County Barry Registration District No. 29
(b) Township _____ Primary Registration District No. 5045B 4021 Registered No. 9
(c) City Cassville (d) Street No. Barry County Hospital St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 23 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME George Franklin Miller 460
(a) Residence, No. Route 1, Cassville, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lois Miller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25, 1895
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 0 3
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. County Treasurer
9. Industry or business in which work was done, as saw mill, bank, etc. Barry County
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 5 Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pendleton Texas

13. NAME Mead S. Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washburn Missouri

15. MAIDEN NAME Bertha Peen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Mrs. Lois Miller Route 1, Cassville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Exeter DATE 3/2/1938

19. FUNERAL DIRECTOR (ADDRESS) Koon Funeral Home Cassville, Missouri

20. FILED 3-3 1938 Geo. Newman Local Registrar. 30

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/1/38, 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1938, to March 1, 1938
I last saw him alive on March 1, 1938. Death is said to have occurred on the date stated above, at 11:20 A.M.
The principal cause of death and related causes of importance were as follows:

Ruptured Peptic Ulcer
117 W =
Other contributory causes of importance: Paralytic Ileus
Date of onset 2-21-38

Name of operation Drainage Date of Feb 23
What test confirmed diagnosis? Chest X Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Geo. Newman, M. D.
Cassville, Mo (Address)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, R. J. Miller, Licensed Embalmer No. 3794

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Eugene Wood & R. J. Miller

L E 3804 & 3794

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

R. J. Miller

Licensed Embalmer No. 3794

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.)