

FILED OCT 28 1946

Registration District No. 277

Primary Registration District No. 6022

Registrar's No. 104

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Rural Richmond Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 mi west, Rayville, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo. (Specify whether
In this community 40 yrs. years, months or days)

3. (a) PRINT
FULL NAME

ARCHIE MILLER

3. (b) If veteran,

name war. ✓

3. (c) Social Security

No. ✓

4. Sex

Male

5. Color or
race W

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive 45 years

7. Birth date of deceased

Oct 18 1946 1888
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

57

11

22

hr.

min.

9. Birthplace

Platte County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

12. Name George R. Miller

13. Birthplace Platte County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Ella Harmon

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

16. (a) Informant

Charles Miller

(b) Address

Rayville, Mo.

17. (a)

Rural
(Burial, cremation, or removal)

(b) Date thereof

10/12/46
(Month) (Day) (Year)

(c) Place: burial or cremation

Gravelly cemetery

18. (a) Signature of funeral director

Wm. F. H. H. H.

(b) Address

Richmond, Mo.

19. (a)

Oct 14 - 46
(Date received local registrar)

(b)

Male Jackson
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray 89
(c) City or town Rural 9
(If outside city or town limits, write "RURAL")
(d) Street No. 2 mi West, Rayville, 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 Oct day 10th
year 1946 hour 2:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from Oct 1
1946 to Oct 10 1946
that I last saw him alive on Oct 10 - 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to arterio Sclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations J3A

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) no
(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 no (Specify type of place)
(c) Means of injury no
23. Signature E. C. Fay (M. D. or other)
Address Richmond Mo Date signed 10-14-46

(Licensed Embalmer's Statement on Reverse Side)

273

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

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed 10-26-46

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

Licensed Embalmer No.

4096

P. O. Address

Richmond, 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.