STATE OF OREGON }
County of Klamath } ss.

BE IT REMEMBERED, That on this 25th day of September, 1948, before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named Charles T. Carlson and Clara A. Carlson, husband and wife who are known to me to be the identical individual described in and who executed the within instrument and acknowledged to me that they executed the same freely and voluntarily.

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

Henry E. Perkins
Notary Public for State of Oregon
My Commission expires Aug. 28, 1950

NOTARY PUBLIC STATE OF OREGON

WARRANTY DEED

(FORM No. 2)

TO

STATE OF OREGON, } ss.
County of Klamath

I certify that the within instrument was received for record on the 28th day of September A. D. 1948 at 10:25 o'clock A. M., and recorded in book 225 on page 273 Record of Deeds of said County.

Witness my hand and seal of County affixed.

Chas. F. De Lap
County Clerk, Recorder of Conveyances.

By [signature] Deputy.

Fee $1.50

STEVENS-NESS LAW PUB. CO., PORTLAND

[illegible] OVS Bx 1049 K. Falls, [illegible]

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OREGON STATE BOARD OF HEALTH
Division of Vital Statistics

CERTIFIED COPY OF DEATH RECORD

State File No.
Local Registrar's No. 209

1. PLACE OF DEATH:
(a) County Klamath
(b) City or town Klamath Falls (If outside city or town limits write RURAL)
(c) Name of hospital or institution: 1965 Huron (Residence) (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether years, months or days) In this community 15 years In state 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Oregon (b) County Klamath
(c) City or town Klamath Falls (If outside city or town limits write RURAL)
(d) Street No. 1965 Huron (If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) FULL NAME EMILIE MILLER
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dick B. Miller
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased September 15 1888 (Month) (Day) (Year)
8. AGE: Years 59 Months 11 Days 6 If less than one day hr. min.
9. Birthplace Stephens Minnesota (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business Own Home
Father: 12. Name Otto F. Graser
13. Birthplace No Record Austria (City, town, or county) (State or foreign country)
Mother: 14. Maiden name Emilie Stark
15. Birthplace No Record Austria (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Darrell V. Miller
(b) Address 1405 El Dorado St. K. Falls
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/24/48 (Month) (Day) (Year)
(c) Place; burial or cremation Mt. Calvary Cemetery
18. (a) Signature of funeral director Earl Whitlock
(b) Address Klamath Falls, Oregon
19. (a) 8/24/48 (Date received local registrar) (b) Bernice Schoner (Registrar's signature)

MEDICAL CERTIFICATION
20. Date of death: Month August day 21st, year 1948 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from 1946 to present 19__; that I last saw her alive on Aug. 2 1948; and that death occurred on the date and hour stated above.

Cause	Duration
Immediate cause of death: Cerebral Hemorrhage	8-21-48
Due to Arteriosclerosis Hypertension	10 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death) Cerebral Hemorrhage 1946	

PHYSICIAN: Underline the cause to which death should be charged statistically

Major findings: Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Marvin Kerseth (M. D. or other)
Address Klamath Falls, Ore. Date signed 8-23-48

STATE OF OREGON
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Health Department of Health.

Bernice Schoner
Registrar of Vital Statistics

[SEAL] (Seal: KLAMATH COUNTY DEPARTMENT OF HEALTH OREGON)

By
Date August 26 1948

V.S. 30

STATE OF OREGON, } ss
Klamath County
Filed for Record
WILSON TITLE & ABSTRACT CO.
1948 SEP 28 AM 10:27
Recorded in Vol. 225
Deeds Page 275
Chas. F. De Lap County Clerk
[signature] Deputy
Fee 75¢