

REC'D APR 14 1938

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

10193

Do not use this space.

## 1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
 (b) Township 1 Primary Registration District No. 1001 Registered No. 332  
 (c) City St. Joseph (d) Street No. Missouri Methodist 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 - yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Thomas Eugene Miller 460

(a) Residence, No. 460 St.  Clarksdale, Missouri.  
 (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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19, 1938.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 0 0 8 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Joseph  
 (STATE OR COUNTRY) Missouri

13. NAME Wm. Lewis Miller

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

15. MAIDEN NAME Rose Regina Karl

16. BIRTHPLACE (CITY OR TOWN) Hemple  
 (STATE OR COUNTRY) Missouri

17. INFORMANT Raymond Miller  
 (ADDRESS) Clarksdale, Missouri.

18. BURIAL, CREMATION, OR REMOVAL St. Josephs Cent  
 PLACE Easton, Mo. DATE March, 22 38

19. FUNERAL DIRECTOR H.O. Sidenfaden and Son  
 (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED 322, 19 38 H. J. Nettles  
 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 19 38

22. I HEREBY CERTIFY, That I attended deceased from  
 , 19 , to , 19

I last saw h. alive on , 19 . Death is said  
 to have occurred on the date stated above, at 10.25 P.M.

The principal cause of death and related causes of importance were as follows:

Still born  
7 mo.

Date of onset

Other contributory causes of importance:

Name of operation Date of  
 What test confirmed diagnosis? 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) H. S. Saurad!, M. D.

(Address) St Joseph Mo.

STATEMENT BY LICENSED EMBALMER

I, Robert P. Clarkson, Licensed Embalmer No. 4028

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My-self

L. E.

No. ✓ or by ✓ Registered Apprentice No. ✓

working under my personal supervision.

Signed Robert P. Clarkson

Licensed Embalmer No. 4028

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.)