

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

22405  
Do not use this space.

REC'D JUL 22 1938

1. PLACE OF DEATH

(a) County Mason Registration District No. 547  
 (b) Township Mason Primary Registration District No. 3979 Registered No. 179  
 (c) City Hannibal (d) Street No. 2206 Chestnut 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 57 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 80 yrs. mos. ds.

2. PRINT FULL NAME Christopher Kenny Miller

(a) Residence, No. 2206 Chestnut St. St.  (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 Anna Katherine Jurgens Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11 - 1851

7. AGE YEARS 87 MONTHS 2 DAYS 21 If LESS than 1 day, . . . . . hrs. . . . . min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. 6  
 10. Date deceased last worked at this occupation (month and year) . . . . . 11. Total time (years) spent in this occupation 62

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER 13. NAME Christopher Kenny Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Wilhelmine Neuman

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

17. INFORMANT (ADDRESS) Anna H. Miller, Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE W. Chief Cem. DATE June 12 - 1938

19. FUNERAL DIRECTOR (ADDRESS) Ray L. Schwan, Hannibal Mo.

20. FILED June 26 1938 H. C. Fisher, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 - 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1936, 1936, to June 10 1938, 1938  
 I last saw him alive on June 15, 1938. Death is said to have occurred on the date stated above, at 8 - 7:15 a.m.  
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
Chronic Nephritis  
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Other contributory causes of importance: Senile dementia

Name of operation None Date of . . . . .  
 What test confirmed diagnosis? Cerebral 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: None  
 (Signed) Bernard L. Mangels, M.D.

490 (Address) Hannibal Mo

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.

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed .....

Licensed Embalmer No. ....

**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.)**