

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

RECORDED SEP 14 1938

28375
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township Washington Primary Registration District No. 1001 Registered No. 868
 (c) City Saint Joseph (d) Street No. 606 South 10th Street 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 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Meek Miller

(a) Residence, No. 606 South 10th Street 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) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF - Mrs. Harriett E. Miller (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 24, 1852
 7. AGE YEARS 85 MONTHS 10 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
 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) Sept. 1934 11. Total time (years) spent in this occupation 25 yrs.

12. BIRTHPLACE (CITY OR TOWN) Nodaway County 6
 (STATE OR COUNTRY) Missouri 9

FATHER 13. NAME Henry Miller 9

14. BIRTHPLACE (CITY OR TOWN) UNKNOWN 9
 (STATE OR COUNTRY) UNKNOWN

MOTHER 15. MAIDEN NAME Sarah Meeker

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

17. INFORMANT Mrs. Roy Miller
 (ADDRESS) 606 South 10th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Flag Springs, Mo. DATE Aug. 23, 1938

19. FUNERAL DIRECTOR E. R. SIDENFADEN FUNERAL HOME
 (ADDRESS) 602 South 10th Street

20. FILED 8-22-38 A. H. Newkirk
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 21, 1938

22. I HEREBY CERTIFY, That I viewed deceased from 8/23, 1938, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:30 A.M.

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

Cerebral
apoplexy

Date of onset _____

Other contributory causes of importance:
Sclerosis arterio

Name of operation _____ Date of _____
 What test confirmed diagnosis? History 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 B. D. Tadlock & Proctor M. D.
 (Signed) King
 (Address) _____

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.

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STATEMENT BY LICENSED EMBALMER

I, Theron O. Smith, Licensed Embalmer No. 3928

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

L. E.

No. 3928 and by Mollie E. Sidenfaden, Registered Apprentice No. 145
working under my personal supervision.

Signed

Theron O. Smith

Licensed Embalmer No. 3928

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.)