

REC'D SEP 28 1938

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

29762

Do not use this space.

1. PLACE OF DEATH

(a) County Platte Registration District No. 696
(b) Township Carroll Primary Registration District No. 4418 Registered No. 16
(c) City Platte City (d) Street No. _____ 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

Benjamin E. Miller

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Alice R. Oldhan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-8-1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 2 10

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

12. BIRTHPLACE (CITY OR TOWN) Platte County 0
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Peter E. Miller 1

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

MOTHER 15. MAIDEN NAME Rose Ann Oberbeck

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

17. INFORMANT Mrs. Benjamin E. Miller
(ADDRESS) Platte City Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Platte City DATE June 20, 1938

19. FUNERAL DIRECTOR (NAME) L. F. Rollins
(ADDRESS) Platte City Missouri

20. FILED Aug 20, 1938 Mrs. Francis E. Murray
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-2-38 1938, to 6-18-38 1938

I last saw him alive on 5:25 PM 1938 Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Uremia
Prostatic Hypertrophy
Chronic Cystitis

Date of onset
6-2-38
1932
1932

Other contributory causes of importance:

Dislocated ~~right~~ Left Shoulder 6-2-38

Name of operation None Date of _____What test confirmed diagnosis? Clinical 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 _____
(Signature) Frank E. Johnson, M. D.

(Address) Platte City, Mo.

10/2/26

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,

J. F. Rollins

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *J. F. Rollins*

Licensed Embalmer No. *1306*

P. O. Address *Platte City, 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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Platte Registration District No. 696
 (b) Township Primary Registration District No. 4418 Registered No. 16
 (c) City Platte City (d) Street No. 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

Benjamin E. Miller
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 2 10

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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) (STATE OR COUNTRY)

FATHER
 13. NAME

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

MOTHER
 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 1938

22. I HEREBY CERTIFY That I attended deceased from 19... to 19...
 I last saw him alive on 19... Death is said to have occurred on the date stated above, at mo

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

Uremia 1936
Prostatic Hypertrophy
Chronic cystitis
 Other contributory causes of importance:
Dislocated left shoulder

Name of operation Kohler Reduction Date of 6-8-38

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 6-8, 1938

Where did injury occur? Platte City, mo
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
In home

Manner of injury Fall down steps

Nature of injury Anterior dislocation left shoulder

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Francis E. Trehorse M. D.

(Address) Platte City mo

SUPPLEMENT

S-29762