

REC'D SEP 28 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

30295

Do not use this space.

1. PLACE OF DEATH

(a) County South
(b) Township St. Charles
(c) City Grant City
(e) Length of residence in city or town where death occurred

Registration District No. 913
Primary Registration District No. 4545

Registered No. _____

(d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

SARAH C. MILLER

(a) Residence, No. _____ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James H. P. Miller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29, 1850
7. AGE YEARS 88 MONTHS 3 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
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) May, 1938
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uniontown, Ohio

FATHER 13. NAME Daniel Jackson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uniontown, Ohio

MOTHER 15. MAIDEN NAME "The Brown" Jackson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uniontown, Ohio

17. INFORMANT (ADDRESS) Bert Miller, Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grant City, Mo. DATE Aug. 25, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arch C. Dungee, Grant City, Mo.

20. FILED 9-9 19 38 Ed Mull Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1938, to Aug 23, 1938
I last saw him alive on Aug 22, 1938 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Myocardial degeneration of heart.

Other contributory causes of importance: 92 W

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical findings 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) R. H. Ross, M.D., M. D.
(Address) Grant City, Mo.

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,

Arch C. Dumble, or by

Registered Apprentice No....., working under my personal supervision.

Signed Arch C. Dumble

Licensed Embalmer No. 3262

P. O. Address Grant 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.