JAN 14 1939

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

Do not use this space.

42395

File No.

Registered No. 1275

1. PLACE OF DEATH

County Buchannan

Township

City St Joseph (No. MO METHOD HOSPITAL St. Ward)

Registration District No. 85

Primary Registration District No. 1000

2. FULL NAME Infant Miller

(a) Residence, No. Wathena, Kansas. St., Ward. Wathena, Kans.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 18, 1938

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, 9 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, 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) St Joseph Mo

FATHER

13. NAME Kenneth Miller,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wathena, Kansas

MOTHER

15. MAIDEN NAME Juliet Buehl

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salina, Kansas.

17. INFORMANT (ADDRESS) Kenneth Miller, Wathena, Kansas

18. BURIAL, CREMATION, OR REMOVAL

PLACE Belmont cem. DATE Dec. 18 1938

19. UNDERTAKER (ADDRESS) Walter Meade for H. Dodds Wathena, Kansas

20. FILED Dec 21, 1938 H. J. Nestlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18/38, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1938 to Dec 18 1938

I last saw her alive on Dec 18, 1938. Death is said to have occurred on the date stated above, at 9 p m.

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

	Date of onset
Premature	Dec 18/8
Other contributory causes of importance: Atelectasis -	Dec 18/8

Name of operation None Date of

What test confirmed diagnosis? Clin 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) Frank H. Hardegan, M. D.

(Address) Kimpalmer Bldg.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

100M-11-24-38

STATEMENT BY LICENSED EMBALMER

I, John C Anderson Licensed Embalmer No. 4056

Hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by myself

or by _____, Registered Apprentice No. _____

(Signed) John C Anderson

Licensed Embalmer No. 4056

NOTE: *The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.*
(Failure to comply with the above regulation constitutes grounds for revocation of license.)

2-3331