

REC'D FEB 10 1939

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

616
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City S. DAVIS CHILDREN'S HOSPITAL (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

460 Robert Mark Miller
(a) Residence, No. St. WR Farmington, MO.
(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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7 - 38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 9

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. Child.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Popular Bluff
(STATE OR COUNTRY) MO. 0

FATHER 13. NAME Chester Miller 0
14. BIRTHPLACE (CITY OR TOWN) Popular Bluff
(STATE OR COUNTRY) MO. 0

MOTHER 15. MAIDEN NAME Mignon Giessing
16. BIRTHPLACE (CITY OR TOWN) Farmington
(STATE OR COUNTRY) MO.

17. INFORMANT J. Mc Levin
(ADDRESS) 50 S. Kings Highway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Farmington Mo. DATE Jan. 20, 1939

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe Inc.
(ADDRESS) 4700 Washington Blvd.

20. FILED JAN 19 1939 J. B. Beidick
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18-39, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-14-39, 1939, to 1-18-39, 1939

I last saw him alive on 1-18-39, 1939. Death is said to have occurred on the date stated above, at 1:50 p. m.

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

Tuberculosis meningitis Date of onset Dec 29, 38

Other contributory causes of importance: 24

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 1939
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) R. W. A. B. B. M. D.
(Address) 50 S. Kings Highway

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,

....., or by

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

Signed..... *J. G. Sullivan*

Licensed Embalmer No. *1122*

P. O. Address *4704 Washington*

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.