

REC'D MAR 8 1939

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

5981
Do not use this space.

1. PLACE OF DEATH
(a) County BUCHANAN Registration District No. 85
(b) Township WASHINGTON Primary Registration District No. 1001
(c) City ST. JOSEPH, (d) Street No. 3404 MONTEREY, St.
(e) Length of residence in city or town where death occurred 41 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME 460 JOSEPH WILLIAM MILLER
(a) Residence, No. 3404 MONTEREY ST. St. (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) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MINNIE MILLER
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 26, 1897
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 41 10 1
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. PRINTER AND PRESSER
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) UNK 11. Total time (years) spent in this occupation UNK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MAYSVILLE, MISSOURI

FATHER 13. NAME IRA P. MILLER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. JOSEPH, MISSOURI

MOTHER 15. MAIDEN NAME ELLEN PATRICK,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ALBANY, MISSOURI

17. INFORMANT (ADDRESS) MRS. MINNIE MILLER, 3404 MONTEREY ST. ST. JOSEPH, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE MEM. PARK CEM. DATE MARCH 2, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) FLEEMAN & SON INC. 1946 COLHOUN ST. JOSEPH, MO

20. FILED March 1, 1939 H. J. Nestel Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB, 27, 1939 19
22. I HEREBY CERTIFY That I attended deceased from July 15 1939 7:00 P.M. to 7:00 P.M. 1939
I saw him alive on Feb. 24 1939. Death is said to have occurred on the date stated above, at 1:00 P.M.
The principal cause of death and related causes of importance were as follows:

Met. Carcinoma of liver (secondary)
Other contributory causes of importance: Carcinoma of sigmoid (Primary)
Date of onset 46

Name of operation Caesary Date of ?
What test confirmed diagnosis Lab. 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) Dr. J. H. ... M. D.
(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.

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, JOHN E. RUPP

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

John E. Rupp

Licensed Embalmer No. 3986

P. O. Address ST. JOSEPH, MISSOURI.

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.