

DESD APR 10 1939

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

10527
Do not use this space.

1. PLACE OF DEATH *Coh*
 (a) County *Coh* Registration District No. *213*
 (b) Township *2* Primary Registration District No. *3014*
 (c) City *Jefferson City* (d) Street No. *608 W. Main St.* Registered No. *70*
 (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.
460 Harvey Miller
 2. PRINT FULL NAME: *Harvey Miller*
 (a) Residence, No. *608 W. Main Street* 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) *Divorced*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Unknown*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *About 8 3*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Printer*
 9. Industry or business in which work was done, as saw mill, bank, etc. *Retired*
 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) *Peoria*
 FATHER 13. NAME *John Miller*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Peoria*
 MOTHER 15. MAIDEN NAME *Unknown*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*
 17. INFORMANT (ADDRESS) *Mrs. E. J. Miller J.C. Mo*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *3/13/39 All City Cemetery*
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) *John F. Heurich III*
 20. FILED *3 15 19 39* *Miss Good* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3/12* 19 *39*
 22. I HEREBY CERTIFY, That I attended deceased from *Feb 1* 19 *39* to *3-12* 19 *39*
 I last saw him alive on *3-5-39* 19 *39*. Death is said to have occurred on the date stated above, at *9:45* a.m.
 The principal cause of death and related causes of importance were as follows:
Decompensated Heart
 Date of onset
 Other contributory causes of importance:
Arteriosclerosis
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) *J. G. Bruns* M. D.
 (Address) *Jefferson City, Mo*

WHITE 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.

1 X10023

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 F. Hennrich

or by

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

Signed

John F. Hennrich

Licensed Embalmer No.

3655

P. O. Address

J. C. Du.

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.