

REC'D JUN 8 1939

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

18048

Do not use this space.

## 1. PLACE OF DEATH

(a) County Buchanan / Registration District No. 85  
(b) Township Burlington / Primary Registration District No. 1001  
(c) City St. Joseph, Mo. (d) Street No. St. Joseph Hospital / Registered No. 487  
(e) Length of residence in city or town where death occurred 13 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

H. L. O. Clarence R. Miller  
(a) Residence, No. 1805 Penn 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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gertrude E. Miller		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27, 1885		
7. AGE YEARS 53	MONTHS 4	DAYS 10 IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Fireman	
	9. Industry or business in which work was done, as saw mill, bank, etc. Burlington	
	10. Date deceased last worked at this occupation (month and year) Mar. 1939	11. Total time (years) spent in this occupation 22
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Page County Iowa	
	13. NAME Elijah Miller	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Page County Iowa	
	15. MAIDEN NAME Dora Simson	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (Ind) Indiana	
17. INFORMANT (ADDRESS) Mrs. C. R. Miller 1203 Penn at St Joseph Mo		
18. BURIAL, CREMATION, OR REMOVAL PLACE Clarinda, Iowa DATE May 9 1939 Heaton-Begole & Bowman Funeral Ho		
19. FUNERAL DIRECTOR, (NAME) (ADDRESS) St. Joseph, Mo.		
20. FILED May 9, 1939 W. J. Westphal Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7-39 19

22. I HEREBY CERTIFY, That I attended deceased from  
Apr. 16 1939 to May 7 1939  
I last saw him alive on May 7 1939 Death is said to have occurred on the date stated above, at 7:20 a.m.  
The principal cause of death and related causes of importance were as follows:  
Gastric hemorrhage  
perforated ulcer  
acute inflammation of salivary glands  
Date of onset  
4-16-39  
4-28-39  
5-3-39

Other contributory causes of importance:  
Ulcer Stomach 1170'  
Symptoms 1 yr.

Name of operation Closure Ulcer Date of 4-28-39  
What test confirmed diagnosis? spec. 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) H. J. Garrow, M. D.  
St Joseph Mo

Licensed Embalmer's Statement on Reverse Side)

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

I. X-14023

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, May 7, 1933

..... or by .....

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

Signed.....

Harold Bowman

Licensed Embalmer No. 3619

P. O. Address 319 So. 10 St. Joseph, 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.**