

1939 JUN 8

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

18141
Do not use this space.

1. PLACE OF DEATH

(a) County BUCHANAN Registration District No. 86
(b) Township Magisterial Primary Registration District No. 5127
(c) City or ST. JOSEPH (d) Street No. COUNTY FARM 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 74 yrs. 1 mos. 20 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME EDWARD - D - MILLER

(a) Residence, No. COUNTY - FARM 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 WHT 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND LENA - MILLER
(Or) WIFE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APR. 8 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 1 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED
9. Industry or business in which work was done, as saw mill, bank, etc. FARMER
10. Date deceased last worked at this occupation (month and year) 1926 11. Total time (years) spent in this occupation YRS.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BUCHANAN CO. MO.

FATHER 13. NAME JOHN - MILLER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER 15. MAIDEN NAME ELIZABETH - BEEL

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) Mr J. Reinger St Joseph - Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE ASHLAND - CEN DATE MAY 30, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Roy Stamer St Joseph - Mo

20. FILED 5/29 1939 Myrtle W. Harrison Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28 1939

22. I HEREBY CERTIFY, That I attended deceased from 1/1/39, 1939, to 5/28/39, 1939.
I last saw him alive on 5/27/39, 1939. Death is said to have occurred on the date stated above at 8 am.
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis general
107W
Date of onset Don't know

Other contributory causes of importance:
Broncho Pneumonia stage

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) A. E. Halley M. D.
822 Edmond St. St. Joseph Mo.

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.

RECEIVED

District Health Officer No. 11,

District File Number 39-626

Date Filed JUN 6 1939

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.....

John H. Hurley
....., Registered Apprentice No.....
working under my personal supervision.

Signed *John H. Hurley*
.....
Licensed Embalmer No. 4050

P. O. Address 1335 S. Joseph Ave

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.