

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.

38 OCT 12 1939

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

31878
Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 85
 (b) Township St. Joseph mo Primary Registration District No. 1001 Registered No. 919
 (c) City St. Joseph mo (d) Street No. Mercy Hosp. 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 Edward Ferdinand McMiller
 (a) Residence, No. Maysville mo 6422 St. Maysville mo 6422
 (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Etta May McMiller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22 - 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 11 14

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Aug. 22 - 39 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER
 13. NAME Johnathan McMiller
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
 15. MAIDEN NAME Eliza Tarr
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Etta McMiller Maysville mo 6422

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Mo DATE Sept. 8 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. B. Tappert King City Mo

20. FILED 9-6 1939 J. H. Tappert Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 1939, to Sept 6 1939
 That saw him alive on Sept 6 1939 Death is said to have occurred on the date stated above, at 9:46 a.m.
 The principal cause of death and related causes of importance were as follows:
Acute Pericarditis
 Date of onset 9-5-39

Other contributory causes of importance:
Septicemia following injury to finger of left hand.

Name of operation Drainage Date of 9-2-39
 What test confirmed diagnosis? Alb 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 Aug. 39
 Where did injury occur? Maysville R. 2 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Home on farm
 Manner of injury Cut on finger on left hand
 Nature of injury Cut on wire

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify finger from a farm.
 (Signed) B. J. ...
 (Address) Mercy Hospital

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.....

R. G. Taggart

Licensed Embalmer No.....

25-63'

P. O. Address.....

King City 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.