

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

32631

Do not use this space.

1. PLACE OF DEATH

OCT 12 1939

(a) County Jasper Registration District No. 408
 (b) Township Indian Primary Registration District No. 3020 Registered No. 179
 (c) City Carthage (d) Street No. M. C. Cline - Brooks Hospital 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

Infant of Loyd Miller
 (a) Residence, No. Jasper, Mo. 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21/39
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
Stillborn

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Carthage
 (STATE OR COUNTRY) Missouri

13. NAME Loyd Miller
 14. BIRTHPLACE (CITY OR TOWN) Jasper Co.
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Wilma Stowell
 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) "

17. INFORMANT Loyd Miller
 (ADDRESS) Jasper, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Park Cemetery DATE Sept 22, 1939

19. FUNERAL DIRECTOR (NAME) Rice Mortuary
 (ADDRESS) Carthage, Mo.

20. FILED Sept. 22 1939 309 M. E. Sartin, M. D.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 12:46 P.M.
 The principal cause of death and related causes of importance were as follows:

Still born
Premature Separation of placenta.

Date of onset

Other contributory causes of importance:
 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 u
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) George H. Wood M. D.
 (Address) Carthage 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

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Death Officer No. 6,
District No. 1039-1988
Date Filed DCT 5 1939

DEPT. OF HEALTH

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 Em R. D. C. [Signature]

Licensed Embalmer No. 191

P. O. Address Carters

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.