

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

35501  
Do not use this space.

1. PLACE OF DEATH <sup>NOV 8 1939</sup>  
 (a) County Buchanan Registration District No. \_\_\_\_\_  
 (b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
 (c) City St. Joseph (d) Street No. State Hospital #2 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. 1 mos. 12 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Chas. E. Miller  
 (a) Residence, No. State Hospital # 2 St.  \_\_\_\_\_  
 (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) separated

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF no information

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21, 1916

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
22	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Com. laborer

9. Industry or business in which work was done, as saw mill, bank, etc. Construct.

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) Ignore Mo.

FATHER

13. NAME Jno W. Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ignore Mo.

MOTHER

15. MAIDEN NAME Mamie Clark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo.

17. INFORMANT Wm. W. L. Mulvany (ADDRESS) Rockport, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rockport, Missouri DATE October 4, 1939

19. FUNERAL DIRECTOR (NAME) Walter Melchoppe (ADDRESS) 1302 Faraon St., St. Joseph, Mo.

20. FILED Oct 4, 1939 A. J. Nettlebush Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 22, 1939, to Oct 4, 1939

I last saw him alive on \_\_\_\_\_, 1939. Death is said to have occurred on the date stated above, at 8:20 a. m.

The principal cause of death and related causes of importance were as follows:

Fracture of 1st or 2nd lumbar vertebra with separation of cord Date of onset 8/22/39

Other contributory causes of importance: paraplegia with trophic disturbances

Name of operation Laminectomy Date of 8/25/39

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? Accident Date of injury 8/25/39

Where did injury occur? Rockport, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Brownville Bridge Project, Rockport, Mo.

Manner of injury: Careless in driving vehicle

Nature of injury: fracture of 1st or 2nd lumbar vertebra

24. Was disease or injury in any way related to occupation of deceased? yes

If so, specify: see above

(Signed) T. J. D. Kelly, M. D.  
 (Address) St. Joseph, Mo.

MARGIN RESERVED FOR BINDING

WRITE 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.

V. S. NO. 2  
504-9-19-38  
1 X16225

RECEIVED FILED STATE OFFICE  
INDEX CARD RETURNED TO DISTRICT  
DATE 10/2/71

**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 William H Kelly

Licensed Embalmer No. Mo. 3946

P. O. Address St. Joseph, Missouri.

**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.**