

183 NOV 18 1939

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

36142
Do not use this space.

1. PLACE OF DEATH *Henry* 2/1
 (a) County *Henry* Registration District No. *328*
 (b) Township *Newton* Primary Registration District No. *3017* Registered No. _____
 (c) City _____ (d) Street No. _____
 (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.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME *Hubert Nathan Thurston Miller*
 (a) Residence, No. _____ 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 *widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Caddie Miller*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 23 - 1855*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>84</i>	<i>3</i>	<i>4</i>	

OCCUPATION
 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. *Retired*
 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) *Ill*

FATHER
 13. NAME *John Miller*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky*

MOTHER
 15. MAIDEN NAME *Margaret Fleming*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky*

17. INFORMANT (ADDRESS) *Ray W. Miller
Kansas City, Kansas*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Maple Grove* DATE *July 26 - 39*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Jessie
Newton Mo.*

20. FILED *7-26-39* *J. Fred Saw*
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 25, 1939*

22. I HEREBY CERTIFY That I attended deceased from *July 20, 1939* to *July 25, 1939*
 I last saw him alive on *July 25, 1939* Death is said to have occurred on the date stated above, at *8:30 P.M.*
 The principal cause of death and related causes of importance were as follows:
Cerebral Lymphoma
& Arterio Sclerosis
 Date of onset *July 20, 1939*

Other contributory causes of importance: *g2w*

Name of operation *Tumor* 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*
 If so, specify _____
 (Signed) *J. Fred Saw* M. D.
 (Address) *Newton Mo.*

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.

RECEIVED

District Health Officer No. 117

District File Number

Date Filed

1139-1587
NOV 16 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,

Chas W Gypson

, or by

Registered Apprentice No., working under my personal supervision.

Signed

Edward Gypson

Licensed Embalmer No.

3109

P. O. Address

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.