

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.

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

39404

Do not use this space.

REG'D DEC 13 1939

1. PLACE OF DEATH

(a) County Cole. Registration District No. 213

(b) Township Jefferson. Primary Registration District No. 36.14 Registered No. 268

(c) City Jefferson. (d) Street No. 803 Jefferson St. 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 Baby Miller.

(a) Residence, No. 803 Jefferson. 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 mal. 4. COLOR OR RACE white. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Baby.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13, 1939

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, . hrs. or min.
	0	0	0	15

OCCUPATION

8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. child.

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

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) Jefferson City, Mo.

FATHER

13. NAME Melvin F. Miller.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Merley, Mo.

MOTHER

15. MAIDEN NAME Gladys Jones.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elston, Mo.

17. INFORMANT (ADDRESS) Melvin F. Miller, Jefferson City.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elston, Mo. DATE 11/14, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tanner Service, Jefferson City, Mo.

20. FILED 11/15/39 1939 D. Bradford M. P. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13, 1939.

22. I HEREBY CERTIFY That I attended deceased from Sept 23, 1939 to Sept 3, 1939

I last saw him alive on Sept 17, 1939 Death is said to have occurred on the date stated above, at 5 p. m.

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

myocarditis - non coronary
formen valve.

Date of onset 1511

Other contributory causes of importance: premature 8 1/2 months gestation

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) Gas. A. Hill M. D.

(Address) Jefferson City, Mo.

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.....

Licensed Embalmer No.....

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.