

1939

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

44984
Do not use this space.

1. PLACE OF DEATH
 (a) County Webster Registration District No. 900
 (b) Township Waverly Primary Registration District No. 6307
 (c) City Manly (d) Street No. _____ 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.
410
 2. PRINT FULL NAME Sidney Jasper 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Miller
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 20 - 1862
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 3 23
 OCCUPATION 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) (STATE OR COUNTRY) Webster Co., Mo.
 FATHER 13. NAME William Miller
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo River
 MOTHER 15. MAIDEN NAME Sidney M. Hunt
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo River
 17. INFORMANT (ADDRESS) Bertha Willis
North New
 18. BURIAL, CREMATION, OR REMOVAL PLACE Welsh DATE Apr 15, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) McMahon Funeral Home
Marshall St.
 20. FILED Dec. 9, 1939 Marion S. Schlicht Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1939 to Aug 13, 1939
 I last saw him alive on Aug 13, 1939. Death is said to have occurred on the date stated above, at 11:50 P.M.
 The principal cause of death and related causes of importance were as follows:
right lobar pneumonia
 Date of onset _____
 Other contributory causes of importance: 105
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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? _____
 If so, specify _____ (Signed) W. F. Behr M. D.
 (Address) Manly Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

50M-9-19-38 I X-16605

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. 6,

District File Number 1939-2627

Date Filed DEC 22 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, 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.