No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FEB 12 1940

State File No. 1770

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 109

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 806 Main (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 44 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

(c) City or town St Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 806 Main (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John M. Miller 4460

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Susan Miller

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb (Month) 13th (Day) 1863 (Year)

8. AGE: Years 76 Months 11 Days 17 If less than one day hr. min.

9. Birthplace Rock Island (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Retired Brakeman

11. Industry or business R.R.

FATHER
12. Name John Miller
13. Birthplace Unknown England (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gladys Waite

(b) Address Chicago, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 3rd 40 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora

18. (a) Signature of funeral director FLEEMAN & SON, INC.

(b) Address 1946 Calhoun St. Joseph, Mo.

19. (a) Feb. 2 1940 (Date received local registrar) (b) Ag. Heatlebush 85 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30th. year 1940 hour 6 minute 40 P.M.

21. I hereby certify that I attended the deceased from Nov 28, 1939, to Jan 29, 1940, that I last saw him alive on Jan 29, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. Mo. & Cordite's	✓
Due to Senility	
Due to	
Other conditions Neph. Chr. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address [illegible] Date signed 2/1/40

(Licensed Embalmer's Statement on Reverse Side)

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 C. G. Swan

Licensed Embalmer No. 4082

P. O. Address St Joseph

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.