S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6055

Registration District No. 86 Primary Registration District No. 5127 Registrar's No. 199

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Buchanan

(b) ~~City or town~~ Rural - Washington Twp

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R #3

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

(c) City or town Rural R.#3

(If outside city or town limits write "RURAL")

(d) Street No. Jim Town Road Stop 8

(If rural, give location)

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

3. (a) PRINT FULL NAME WARREN LEE MILLER

3. (b) If veteran, name war

3. (c) Social Security No. 491-10-5262

4. Sex male

5. Color or race white

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

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

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Feb. (Month) 19th (Day) 1909 (Year)

8. AGE: Years	Months	Days	If less than one day
31	0	1	hr. min.

9. Birthplace Buchanan Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Care taker

11. Industry or business St. Joseph Country Club

FATHER 12. Name D. B. MILLER

13. Birthplace unknown (City, town, or county) Iowa (State or foreign country)

MOTHER 14. Maiden name Nettie McDonald

15. Birthplace Holt County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mr. D. B. MILLER

(b) Address R. 3 St. Joseph, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb. 22nd. 40 (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

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

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

19. (a) 2/23/40 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20th. year 1940 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from Feb 16, 19 40, to Feb 20, 19 40; that I last saw him alive on Feb 16 - 40, 19 ..... and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	5 min
Due to: Influenza	3 day
Due to:	
Other conditions (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 [signature] (M. D. or other)

Address Cameron Mo. Date signed 2-21-40

(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. 4982

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.