S. No. 2
11-10-39
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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

12766

State File No. 7

Registration District No. 1103 Primary Registration District No. 6186 Registrar's No.

1. PLACE OF DEATH:

(a) County Washington Johnson Z. 20

(b) ~~City or town~~ Sullivan, Rural.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1 Year.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Washington
0

(c) City or town Sullivan, Rural.
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Fred Miller. 460

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 18 (Day) 1882 (Year)

8. AGE: Years 57 Months 10 Days 16 If less than one day hr. min.

9. Birthplace Dent Co. Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Latherer.

11. Industry or business

FATHER
12. Name G. A. Miller
13. Birthplace Germany 6
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Maria Wolver
15. Birthplace Dent Co. Miller. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. Miller
(b) Address Sullivan, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Sullivan, Mo.

18. (a) Signature of funeral director Thos. P. Shoffer
(b) Address Sullivan, Missouri.

19. (a) April 6-1940 (Date received local registrar) (b) T. O. Harmon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day fourth year 1940 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from Mch 9th, 1940, to April 4, 1940, that I last saw him alive on Mch 9, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Meningovascular	3
Due to Neurosyphilis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 34	

Major findings:
Of operations None
Of autopsy None

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?
863 (Specify type of place)
While at work? (e) Means of injury

23. Signature C. A. Prastar (M. D. ~~or other~~) 1
Address Sullivan, Mo Date signed 4-5-40

(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 Edgar W. Laffoon

Licensed Embalmer No. 3394

P. O. Address Sullivan, Mo.

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.