

FILED MAY 13 1940  
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DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

14201

State File No. \_\_\_\_\_

Registration District No. 36

Primary Registration District No. 5052

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Barry  
 (b) City or town Deligman (Rural) Sugar Creek  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Route 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2  
(Specify whether)  
 In this community 5 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry  
 (c) City or town Deligman (Rural)  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Route 1,  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME JAMES WILLIAM MILLER

8. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Annie Miller  
 6. (c) Age of husband or wife if alive 47 years  
 7. Birth date of deceased April 17 1878  
(Month) (Day) (Year)

8. AGE: Years 62 Months 0 Days 5  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Unknown Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
 12. Name Thomas Green Miller  
 13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth Mc Lee  
 15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Annie Miller

(b) Address Route 1, Deligman, Mo.

17. (a) Removal (b) Date thereof 4/24/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Willow, Oklahoma

18. (a) Signature of funeral director Keon Funeral Home  
 (b) Address Cassville, Missouri

19. (a) 4-24-1940 (b) Sallie S. Trout  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22  
 year 1940 hour 1 minute 10 p.m.

21. I hereby certify that I attended the deceased from Mar. 1st, 1940, to Apr. 20, 1940  
 that I last saw him alive on April 20, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Uremia.  
 Due to Chronic Interstitial Nephritis  
 Due to Toxemia from abscessed teeth.  
 Other conditions (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations 1st  
 Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_

23. Signature W. Chas. R. Brown  
 Address Deligman Mo. Date signed Apr 22, 1940.

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

RECEIVED

District Health Officer No. 6,

District File Number 540-1283

Date Filed MAY 10 1940

**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 *Rufus J. Miller*

Licensed Embalmer No. 3794

P. O. Address Cassville, 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.