

REC'D MAY 7 1940

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

14621

Do not use this space.

1. PLACE OF DEATH

(a) County Christian Registration District No. 181
(b) Township POEK Primary Registration District No. 5251 Registered No. _____
(c) City _____ or _____ (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred _____ (If death occurred in Hospital or Institution, write its name instead of street and number) yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

John V. Miller
(a) Residence, No. 460 John V. Miller Christian County, Mo. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Willie Miller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30 - 1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 73 9 12
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Penn. 1

13. NAME Albert Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn. 1

15. MAIDEN NAME Rosanna Hutchinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn. 1

17. INFORMANT (ADDRESS) Jas. Miller Republic, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Evergreen Cem. DATE Apr. 14, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R.E. Thurman & Co. Republic, Mo.

20. FILED Apr. 15, 1940 Mrs. Louise Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12 - 1939 to March 13, 1940

I last saw him alive on Dec. 18, 1939 Death is said

to have occurred on the date stated above, at 5:30 m.

The principal cause of death and related causes of importance were as follows:

Cancer of the Throat Date of onset _____

Other contributory causes of importance: 46

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? no

If so, specify _____

(Signed) M. G. French M. D.

(Address) Republic, Mo.

RECEIVED

District Health Officer No. 8,

District File Number 540-1213

Date Filed MAY 3 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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c
with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, above space should be left blank.