

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14890

Registration District No. 213

Primary Registration District No. 3014 ✓

Registrar's No. 105

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
426 Clark Avenue 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 80 years
years, months or days)

8. (a) PRINT FULL NAME Wolfe Miller 460

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 widower

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

7. Birth date of deceased March 15 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 1 7 hr. min.

9. Birthplace Wayne County, Pa 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business _____

MOTHER { 12. Name Andrew Miller
13. Birthplace Germany 6
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Huegel
15. Birthplace Germany 6
(City, town, or county) (State or foreign country)

16. (a) Informant Miss J. Barnhouse
(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Apr-24-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Thayer J. Jordan

(b) Address Jefferson City, Missouri

19. (a) 4/23/40 (b) D. W. Spencer M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cole
(c) City or town Jefferson
(If outside city or town limits, write "RURAL")
(d) Street No. 426 Clark
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 22
year 1940 hour 10 minute 7 P. M.

21. I hereby certify that I attended the deceased from May 16
1938 to Apr 22 1940
that I last saw him alive on Apr 22 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic
Interstitial Nephritis

Due to _____ Duration _____

Due to _____

Other conditions Hyper trophy of
(Include pregnancy within 3 months of death) Prostate with Retention of Urine

Major findings Of operations _____

Of autopsy _____ 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) (e) Means of injury _____

23. Signature H. D. Taylor M.D. (M.D. or other)

Address Jefferson City Mo Date signed 4/23/40

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.....

Louis Quert

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Louis Quert

Licensed Embalmer No. *4096*

P. O. Address.....

Jefferson City

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

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