

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAILED MAY 15 1940

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

15321
Do not use this space.

1. PLACE OF DEATH
 (a) County Lawrence 2 Registration District No. 472
 (b) Township Howard 0 Primary Registration District No. 7285 Registered No. _____
 (c) City Stotts City (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. _____
 2. PRINT FULL NAME 4 1/2 Infant of Jess & Mable Miller
 (a) Residence, No. Stotts City, Mo. (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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22 - 1940

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min. 7 hrs.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. X
 9. Industry or business in which work was done, as saw mill, bank, etc. X
 10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stotts City, Mo.
Lawrence, Mo.

FATHER
 13. NAME Jess Miller
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence, Mo.

MOTHER
 15. MAIDEN NAME Mable Brandt
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City, Mo.

17. INFORMANT (ADDRESS) Jess Miller
Stotts City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Moore Cemetery DATE April 23 40
Lawrence, Mo.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo B Orr
Lawrence, Mo.

20. FILED 4/23 1940 Max H Powell
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1940

22. I HEREBY CERTIFY, That I attended deceased from Apr. 22, 1940, to _____, 19____.
 I last saw him alive on Apr. 22, 1940. Death is said to have occurred on the date stated above, at 10:00 A.M.
 The principal cause of death and related causes of importance were as follows:
Asphyxia neonatorum Date of onset Birth
16 1/2
 Other contributory causes of importance: Underdevelopment in size (wt 4 1/2 lb.)

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? no

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) Don J. Silby, M. D.
 (Address) Stotts City, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 540-1309

Date Filed MAY 13 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 comply with the above constitutes grounds for revocation of license.)

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