

FILED AUG 9 1940

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

24875

Do not use this space.

1. PLACE OF DEATH

(a) County Chariton Registration District No. 175
 (b) Township Salisbury Primary Registration District No. 4104 Registered No. 47
 (c) City Salisbury (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 60 yrs. mos. da. (f) How long in U. S., if of foreign birth? 60 yrs. mos. da.

2. PRINT FULL NAME

460 Xaver Miller
 (a) Residence, No. Salisbury mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Mattie
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27-1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 7 5
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. farmer
 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) Germany b
 FATHER
 13. NAME Miller b
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany b
 MOTHER
 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) Mrs. Pollo Newport
Capro mo
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Moberly DATE July 4, 1940
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. B. Winkelmeyer
Salisbury, Mo
 20. FILED 7-3 1940 Substant
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1940
 22. I HEREBY CERTIFY, That I attended deceased from June 11 1940 to July 2, 1940
 I last saw him alive on July 1, 1940 Death is said to have occurred on the date stated above, at 4 A.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Thrombosis Date of onset June 11, 1940
 Other contributory causes of importance: None
 Name of operation None Date of _____
 What test confirmed diagnosis? None 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) L. J. Hansen, M. D.
 (Address) Salisbury mo 163

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-5-40

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.....

Geo Blummetmeyer

Registered Apprentice No.

working under my personal supervision.

Signed *Geo Blummetmeyer*

Licensed Embalmer No. 2125

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.