FILED AUG 19 1940

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

25302
Do not use this space.

1. PLACE OF DEATH

(a) County Holt Registration District No. 372

(b) Township Benton Primary Registration District No. 5518 Registered No. 1046

(c) or City Near Mound City Mo (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

460

2. PRINT FULL NAME John A Miller

(a) Residence, No. Mound City 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: Lena E Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feby 14 - 1859

7. AGE: YEARS 79 | MONTHS 5 | DAYS 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Blacksmith
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 50 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cumberland Co PA

FATHER
13. NAME: John A Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa

MOTHER
15. MAIDEN NAME: Catkrine Severs.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa

17. INFORMANT (ADDRESS): Dale Miller Mound City Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mound City DATE 7-21 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS): W H Crawford Mound City Mo.

20. FILED 7-21 1940 J Crawford
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 18 " 1940

22. I HEREBY CERTIFY, That I attended deceased from June 1 " 1935, to July 18, 1940
I last saw him alive on July 18, 1940. Death is said to have occurred on the date stated above, at 7:15 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis Interstitial	
Cystitis, Uraemia	

Other contributory causes of importance: 131

Name of operation — Date of —
What test confirmed diagnosis? Clinical 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) Jas Cheney, M. D.
332 (Address) Mound City Mo

(Licensed Embalmer's Statement on Reverse Side)

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 st
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very importa

I X16605

Death File Number 840-1300
Date Filed AUG 14 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 W. H. Crawford

Licensed Embalmer No. 1824

P. O. Address Second City 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.