

AUG 21 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **26002**Registration District No. **678**Primary Registration District No. **5904**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Phillips** 3
(b) City or town **St James Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Soldiers Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **about 1 week**
(Specify whether
In this community:
years, months or days)

3. (a) PRINT FULL NAME **Hermon B. Miller** 4603. (b) If veteran, name war **World War** 3. (c) Social Security number **495-12-1871**4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**6. (b) Name of husband or wife **Lida Miller** 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased **Feb 17 1898**
(Month) (Day) (Year)8. AGE: Years **42** Months **5** Days **12** If less than one day hr. min.9. Birthplace **Osage Co - Mo**
(City, town, or county) (State or foreign country)10. Usual occupation **Laborer** 7

11. Industry or business _____

12. Name **Tom Miller** 513. Birthplace **Unknown**
(City, town, or county) (State or foreign country)14. Maiden name **Theresa Clark**15. Birthplace **Osage Co Mo**
(City, town, or county) (State or foreign country)16. (a) Informant **Mrs Frank Sanford**(b) Address **Lincoln Mo**17. (a) **Burial** (b) Date thereof **7-31-40**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Ryons, Mo**18. (a) Signature of funeral director **Walter Funeral Home**(b) Address **Lincoln Mo**19. (a) **7-31-40** (b) **Elmer B. Dyer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **29**
year **1940** hour **19** minute **30** M.21. I hereby certify that I attended the deceased from **June 24** 19 **40** to **July 29** 19 **40**that I last saw him alive on **July 29** 19 **40**
and that death occurred on the date and hour stated aboveImmediate cause of death **Diabetic Mel-
litus infection from
7th rib.** Duration _____

Due to _____

Due to _____

Other conditions **54**
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy **None**

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?
6!!While at work? _____ (Specify type of place)
(a) Means of injury _____23. Signature **C. H. Fullin'sht** (M. D. or other) **!**Address **St James Mo** Date signed **7-30-40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 9 1945

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 Vernon Manton

Licensed Embalmer No. 4175

P. O. Address Luin 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.