

No. 2
1-13-40
-17-39
X23159

STANDARD CERTIFICATE OF DEATH

State File No. 34810

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 1069

1. PLACE OF DEATH: Buchanan
(a) County St. Joseph
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 6435 Lake 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 years (Specify whether years, months or days)
In this community 60 years

3. (a) PRINT FULL NAME Anthony Miller
(b) If veteran, name war name none
(c) Social Security No. none

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hattie
6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased May 7, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 5 1 hr. min.

9. Birthplace Poland 7
(City, town, or county) (State or foreign country)

10. Usual occupation retired fireman 9

11. Industry or business Swift & Co 7

12. Name unknown 7

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Rev Charles Miller

(b) Address Ewing, Mo.

17. (a) Burial (b) Date thereof 10-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)
Mt. Olivet

(c) Place: burial or cremation Tracy Barry Funeral

18. (a) Signature of funeral director 218 South 10th St Home

(b) Address

19. (a) Oct. 10, 1940 (b) H. J. Nestlerod
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
St. Joseph
(c) City or town (If outside city or town limits, write "RURAL")
6435 Lake
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. 60 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8
year 1940 hour 5 minute A M.

21. I hereby certify that I attended the deceased from Oct 1, 1940
19 to Oct. 8 1940
that I last saw him alive on Oct. 7 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency 2 wks.

Due to Unknown

Due to

Other conditions Arteriosclerosis
(Exclude pregnancy within 3 months of death)
Ascites + generalized edema 2 wks

Major findings: Of operations none

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?

(e) While at work? (Specify type of place) (e) Means of injury

23. Signature E. J. Beant (M. D. or other)
Address St. Joseph, Mo. Date signed 10-9-40

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

MOTHER FATHER

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, fact should be so stated above.