

Registration District No. 85

Primary Registration District No. 1001

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

FILED DEC 10 1940

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution Hartsock Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 hours
In this community 7 hours
(Specify whether years, months or days)

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 25 1914
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
25 10 15 hr. min.

9. Birthplace New York City New York
(City, town, or county) (State or foreign country)

10. Usual occupation Soldier

11. Industry or business U.S. Army

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant William S. Moore 1st Lt.

(b) Address Fort Leavenworth, Kansas

17. (a) Removal (b) Date thereof Nov. 10 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bronx, New York City

18. (a) Signature of funeral director Nuhn Funeral Home

(b) Address Leavenworth, Kansas

19. (a) Dec 2, 1940 (b) W. E. Hartsock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Leavenworth
(c) City or town Fort Leavenworth
(If outside city or town limits, write "RURAL")
(d) Street No. Det. Med. Dep't Bks. U.S. Army
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10
year 1940 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from November 9, 1940 to November 10, 1940; that I last saw him alive on November 10th, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Accidental traumatism by Automobile Accident

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy Autopsy performed and diagnosis confirmed.

22. If death was due to external causes, fill in the following: Accident
(or Accident, suicide, or homicide (specify))

(b) Date of occurrence November 9, 1940

(c) Where did injury occur? Savannah Andrew Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 85 Highway 71

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

23. Signature W. E. Hartsock (M. D. or other) 3D. O.

Address St. Joseph, Mo. Date signed 11-10-1940

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

A CERTIFIED TRUE COPY:

Station Hospital,
Fort Leavenworth, Kansas
November 11, 1940

21.0 m
11/11/40

William S. Moore
WILLIAM S. MOORE
1st. Lt. Med. Res. C.,
Adjutant

(a) Report of Autopsy added to original report of Dr. W.E. Hartsock of Hartsock Hospital, St. Joseph, Missouri. Spaces 17 and 18 filled in for Record of Kansas. Original Report supplied to Nuhn Funeral Home

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, *Chas J. Nuhn*

Chas J. Nuhn

Registered Apprentice No. *Kansas 923*

working under my personal supervision.

NUHN FUNERAL HOME
Chas J. Nuhn

Signed *Chas J. Nuhn*
Kansas. Licensed Embalmer No. *923*

P. O. Address **LEAVENWORTH, KANSAS**

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38190**

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **1224**

1. PLACE OF DEATH:

(a) County **Byzhanan**
(b) City or town **Byzhanan**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME

Louis Miller

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **m**

5. Color or race **w**

6. (a) Single, widowed, married, divorced **s**

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____

(Month)

(Day)

(Year)

8. AGE:

Years **25** Months **10** Days **18** If less than one day _____ hr _____ min

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____

(b) Date thereof _____

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) **Feb 5, 1941** (b) _____

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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 **Nov** day **10**
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death **accidental trauma**
from automobile
Due to **accident**

Due to **collision with truck**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **acc.**
(b) Date of occurrence **11/19/1940**
(c) Where did injury occur **Savannah mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Yes

While at work? **Callison**
(Specify type of place) (e) Means of injury **with truck**

23. Signature **W. J. Harkovek**
Address _____ Date signed _____

SUPPLEMENTAL

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

ROWENA MOORE

