No. 2
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FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1874

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 104

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

1. PLACE OF DEATH:
(a) County BUCHANAN
(b) City or town ST-JOSEPH (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST-JOSEPH-O HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ABT-10-HOURS (Specify whether
In this community ABT-54 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County ANDREW 2
(c) City or town RURAL 6 (If outside city or town limits, write "RURAL") 0
(d) Street No. RFD #3- ST-JOSEPH (If rural, give location) 1
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME HERBERT-Madison-MILLER
3. (b) If veteran, name war NO
3. (c) Social Security No. 500-14-5892
4. Sex Male
5. Color or race Wht
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Frances
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Dec (Month) 23 (Day) 1865 (Year)

8. AGE: Years 75 Months 1 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace New York State 1 (City, town, or county) (State or foreign country)
10. Usual occupation Employee Voss Wall
11. Industry or business Paper & Paints Co.
FATHER
12. Name Oliver Miller
13. Birthplace ? N.Y. 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Phoebe Miller
15. Birthplace unk ? 9 (City, town, or county) (State or foreign country)
16. (a) Informant Oliver Miller
(b) Address 836 Kearny Atchison Kans
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan 26 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Green Valley Cem
18. (a) Signature of funeral director Roy Stamey
(b) Address St Joseph MO
19. (a) Jan 25 - 1941 (Date received local registrar) (b) H J Nestasiuk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 24 year 1941 hour 7:30 minute A. M.
21. I hereby certify that I attended the deceased from 1/23/ 1941, to 1/24 1941, that I last saw him alive on 1/23/24. 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Left Hemiplegia — Duration 1/23/41
Due to over exertion carrying heavy weight
Hyper tension
arterio sclerosis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations no operation
Of autopsy as above

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) yes Exertion
(b) Date of occurrence 1/23/41 1/31
(c) Where did injury occur? Voss Paper Co (City or town) (County) (St Joseph MO) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial Place (Specify type of place)
While at work? yes (e) Means of injury Heavy lifting
23. Signature [illegible] (M. D. or other) MD
Address 825 Chester St Joseph Date signed 1/24/41

(Licensed Embalmer's Statement on Reverse Side)

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 ..... Jan 24 1941 ....., Registered Apprentice No. .....

working under my personal supervision.

Signed John Roy Stanley

Licensed Embalmer No. 2435

P. O. Address St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.