

S. No. 2
1-4-13-40
v. 5-17-39
I X23159

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2010

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 18

14
1
2

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

1. PLACE OF DEATH: Callaway
 (a) County Callaway
 (b) City or town Fulton
 (If outside city or town limits write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hospital No. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 22 yrs. 7 mos. 11 days
 In this community 22 yrs. 7 mos. 11 days
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME CHARLES T. MILLER

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife P.K. 6. (c) Age of husband or wife if alive P.K. years

7. Birth date of deceased P.K. (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>Approx: 61</u>			hr. min.

9. Birthplace P.K. (City, town, or county) 9 (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

12. Name P.K.

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

14. Maiden name P.K.

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

16. (a) Informant Hospital Record

(b) Address Fulton, Mo.

17. (a) Personal (b) Date thereof 1/21/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macon, Mo.

18. (a) Signature of funeral director Albert Skinner

(b) Address Macon, Mo.

19. (a) Jan. 21, 1941 (b) R. N. Crews
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County MACON 14
 (c) City or town MACON 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 20 year 1941 hour 3 minute 45 p.m.

21. I hereby certify that I attended the deceased from JAN 1, 1941, to JAN 20, 1941; that I last saw him alive on JAN 20, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death BROUCHO PNEUMONIA

Due to Arteriosclerosis

Due to 107

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations
 Of autopsy

Duration 3 days

P.K.

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)
 (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?

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

23. Signature Thomas Thomas (M. D. or other) D
Address State Hospital No. 1 Date signed 1/22/41

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.