S. No. 2
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FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3667

Registration District No. 640 Primary Registration District No. 5849 Registrar's No. 1

76
000

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

1. PLACE OF DEATH:
(a) County Osage
(b) City or town Rural
(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 years, months or days)
In this community all His life

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

3. (a) PRINT FULL NAME Warren Montgomery Miller
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Culpurnia Jane Duncan
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 22 (Day) 1855 (Year)

8. AGE: Years	Months	Days	If less than one day
85	8	29	hr. min.

9. Birthplace Osage County (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name John Miller
13. Birthplace Tenn. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Lizana Warren
15. Birthplace Tenn. (City, town, or county) (State or foreign country)
16. (a) Informant Esther Anderson
(b) Address Linn, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/41 (Month) (Day) (Year)
(c) Place: burial or cremation Useful
18. (a) Signature of funeral director Morton Funeral Home
(b) Address Linn, Mo.
19. (a) 1-23 (Date received local registrar) 1941 (b) Ann Dora Jett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day Monday year 1941 hour 5 AM minute M.
21. I hereby certify that I attended the deceased from Last May the middle, 1940 to Tuesday Jan 21 1941 that I last saw him alive on Tuesday 21st 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration Unknown,
Due to Calcareous Deposits in Fibrous, Connective, Tissue in
Due to Arteries of the Body, Thereby, affecting all organs of the body
Or Conditions Producing AutoToxemia, and Death
(Include pregnancy within 3 months of death)
Due to Chronic, Constipation,
Major findings:
Of operations Beaded Artery in Wrist Etc, Threaded Puls,
Of autopsy None Done,

Duration

Cystitis, Prostatic-fibrosis, Etc.

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)
(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? (Specify type of place)
While at work (a) Mode of injury
23. Signature Albert W. Sarth (M. D. or other) MD
Address R.F.D. Linn Mo. Date signed Jan 22 1941

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Vernon M Morton

Licensed Embalmer No. 4125

P. O. Address Lewis 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.

No. 2B
-2-21-40
I X22659

ROWENA MOORE

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3667-

Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Rural
(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)

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.

3. (a) PRINT FULL NAME Warren M 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 M

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

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

8. AGE: Years 85 | Months | Days | If less than one day ..... hrs. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name .....
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)

16. (a) Informant .....
(b) Address .....

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....

18. (a) Signature of funeral director .....
(b) Address .....

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21 - 41
year ..... hour ..... minute ..... M.

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

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions ..... (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature ALBERT E Peart (M. D. or other) M. D.
Address Pt-1- Linn - Mo. Date signed .....

SUPPLEMENTARY