

MAR 25 1941

Registration District No. **779**

Primary Registration District No. **6024A**

Registrar's No. **21**

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Ata stage  
(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 **OTTO CLARENCE MILLER**

3. (b) If veteran, name war World War No 1 3. (c) Social Security No. 490-01-5199

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Miller 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased March 8 1894  
(Month) (Day) (Year)

8. AGE: Years 47 Months 0 Days 3  
If less than one day hr. min.

9. Birthplace East Bonne Terre Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation miner

11. Industry or business \_\_\_\_\_

12. Name Henry Miller  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Bliss Jennings  
15. Birthplace St. Francois Co Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Otto C Miller

(b) Address R-1 Bismarck Mo

17. (a) Burial (b) Date thereof March 13 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B. J. Cemetery

18. (a) Signature of funeral director Benjamin Webb Co

(b) Address 318 Benton of Bonne Terre Mo

19. (a) 3-12-41 (b) W. P. Duckworth  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Bismarck  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural Route 1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 th year 1941 hour 8 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from 1941  
Engaged Bismarck Mo 1941  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death jury verdict  
We the jury find that Otto Miller  
came to his death by such  
falling upon him while engaged  
in his usual occupation at the  
mine at St. Joseph Lead Co.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy None  
1941

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

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence March 11 1941

(c) Where did injury occur? Bismarck St. Francois Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
St. Joseph Lead Co mine  
While at work (Specify type of place) (b) Means of injury struck by rock

23. Signature Clarence Claywell (M. D. or other) \_\_\_\_\_  
Address Bonne Terre Mo Date signed 3/12/41

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

Rev. 5-17-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

---

---

**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 *C. J. Claywell*  
Licensed Embalmer No. *3706*  
P. O. Address *Lawrence, Iowa 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.**