DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1941

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MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10360

Registration District No. 174 Primary Registration District No. 4103 Registrar's No.

1. PLACE OF DEATH:

(a) County Chariton

(b) City or town Rothville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 1 hr years, months or days)

2. USUAL RESIDENCE OF DECEASED: 38

(a) State Mo (b) County Linn. 2

(c) City or town Marceline Mo (If outside city or town limits, write "RURAL")

(d) Street No. 1 (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Jerry Lee Miller

3. (b) If veteran, name war

3. (c) Social Security No.

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 Feb (Month) 6 (Day) 1941 (Year)

8. AGE: Years 0 Months 1 Days 8 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business James Earl Miller

FATHER
12. Name James Earl Miller
13. Birthplace Eton (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Opal Fern Ingerson
15. Birthplace Humiston (City, town, or county) Iowa (State or foreign country)

16. (a) Informant's own signature Mrs Earl Miller

(b) Address Marceline Mo.

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

(c) Place: burial or cremation Rothville Mo

18. (a) Signature of funeral director James McLaughlin

(b) Address Marceline Mo

19. (a) Mar 24 41 (Date received local registrar) (b) C D Strattan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1941 hour 5 minute 50 P M.

21. I hereby certify that I attended the deceased from 5:30 p.m. Mch 14, 1941, to 5:50 pm 3-14, 1941; that I last saw him alive on Mch 14, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition and a weak heart muscle The baby was dying when I first saw him

Due to

Due to N.M.D.

Other conditions (Include pregnancy within 3 months of death)

Duration 4 weeks

Major findings:
Of operations

Of autopsy None

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 U. G. Buck M.D. (M. D. or other)

Address Rothville Mo Date signed 3-18-41

(Licensed Embalmer's Statement on Reverse Side)

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.

CEIVED
trict Health Officer No. 8,
rict File Number 4-14-41
o Filed

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.