

S. No. 2  
4-13-40  
7-5-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
APR 15 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11019

State File No. \_\_\_\_\_

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jasper

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

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

(d) Length of stay: In hospital or institution 1  
(Specify whether)

In this community 3 yrs  
years, months or days

3. (a) PRINT FULL NAME Wm. Maurice 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 Wid

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug. 1875  
(Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 7 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Ret. Hotel operator

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

MOTHER FATHER { 12. Name Unk

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

14. Maiden name Unk

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

16. (a) Informant Mrs. Mabel Miller

(b) Address Fayetteville, Arkansas

17. (a) Removal (b) Date thereof 3/22/41  
(Date of removal) (Month) (Day) (Year)

(c) Place of burial or cremation Shady Grove-near Springdale, Ark

18. (a) Signature of funeral director Nelson-Savage F.F.

(b) Address Fayetteville, Ark

19. (a) 3-22-41 (b) W. D. James  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Mo (b) County Jasper

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

(d) Street No. 732 Ohio St  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1941 hour 6:30 P minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Apprx. Feb. 15, 1941 to March 20, 1941 that I last saw him alive on 3/20/41 and that death occurred on the date and hour stated above.

Immediate cause of death Heart & Respiratory failure, Tuberculosis of the lungs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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? 372

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Dr. W. E. Heinlen (Specify type of place) (e) Means of injury \_\_\_\_\_

Address Jasper, Mo Date signed 5/2/41

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

49  
2  
5

**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.

Body was not embalmed in Mo. ....

Signed *[Handwritten Signature]* .....

Licensed Embalmer No. *3898* .....

P. O. Address *[Handwritten 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.**