

No. 2
1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18212

Registration District No. 4302-786

Primary Registration District No. 4206 5586 Registrar's No. 430

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Rural, Post Oak Twsp.
(c) Name of hospital or institution: R # 2, Leeton
(d) Length of stay: 11 years
In this community 11 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Rural
(d) Street No. R # 2, Leeton
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1941 hour 2:15 am minute M.
21. I hereby certify that I attended the deceased from July 7 - 1940
to May 7 - 1941
that I last saw him alive on May 5 - 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Ch. Myocarditis
Duration: First symptoms of death about 1 yr ago

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(e) Means of injury
23. Signature: [Signature] (M. D. or other)
Address: [Address] Date signed: 5-9-41

3. (a) PRINT FULL NAME John B. 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 Married

6. (b) Name of husband or wife Kathryn Holt Miller
6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased: January 7 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days
If less than one day hr. min.

9. Birthplace: Benton County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name James R. Miller

13. Birthplace: Benton County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name: Arrethin McLane

15. Birthplace: unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John B. Miller

(b) Address Leeton, Missouri

17. (a) Burial (b) Date thereof 5-8-41
(Burial, cremation, or removal) (City, town, or county) (Day) (Year)

(c) Place: burial or cremation Benton County, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Missouri

19. (a) June 6 1941 (b) Annabel Reynolds
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

9

18913
Thomson -
T. J. or Bennett
Almond Green

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-18-41

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 *Edw. H. Weston*

Licensed Embalmer No. 3391

P. O. Address *Windsor, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.