No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20995

Registration District No. 2 Primary Registration District No. 205 Registrar's No. 30

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

1. PLACE OF DEATH:
(a) County ANDREW
(b) City or town ~~ST. JOSEPH MO.~~ Rural Jefferson R.R. 3
(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 ONE MONTH
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ~~Oregon~~ Andrew
(c) City or town St Joseph Mo. R.R. 3
(If outside city or town limits, write "RURAL")
(d) Street No. East of Greenfield Village
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME WILLIAM EDGAR MILLER
3. (b) If veteran, name war No
3. (c) Social Security No. NO
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife IDA M. MILLER
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased AUG (Month) 3 (Day) 1865 (Year)

8. AGE: Years 75 Months 10 Days 19 If less than one day hr. min.

9. Birthplace ANDREW Co (City, town, or county) MO (State or foreign country)
10. Usual occupation CARPENTER
11. Industry or business
FATHER
12. Name George Miller
13. Birthplace andrew co. (City, town, or county) mo (State or foreign country)
MOTHER
14. Maiden name Victoria Brown
15. Birthplace andrew Co. (City, town, or county) mo (State or foreign country)
16. (a) Informant Mrs. Bessie Prior
(b) Address St Joseph Mo. R.R. 3
17. (a) Oregon Mo. (Burial, ~~cremation, or removal~~) (b) Date thereof June (Month) 25 (Day) 41 (Year)
(c) Place: burial or cremation Oregon Mo
18. (a) Signature of funeral director [illegible]
(b) Address Pocomoke Mo
19. (a) June 23-41 (Date received local registrar) (b) Mrs. Jennie Rash (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~23~~ (22) day June year 1941 hour 11-15 minute -6- M.
21. I hereby certify that I attended the deceased from May 15, 1941, to June 22, 1941 that I last saw him alive on June 22, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (apoplexy)
Due to Arteriosclerosis
Due to Degeneration of arteries with Renal & Cardiac complications
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 ~~June 23/41~~
(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 M Dunsmore MD (M. D. or other)
Address St Joseph Mo Date signed June 23/41

(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 J. Fred Terhune

Licensed Embalmer No. 1279

P. O. Address Savannah

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.