

2
4-41
7-39
X22839

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27900**

Registration District No. **89**

Primary Registration District No. **3007**

Registrar's No. **351**

1. PLACE OF DEATH:

(a) County **B. utler**
(b) City or town **Poplar Bluff**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Poplar Bluff Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 hours**
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Wayne**
(c) City or town **Piedmont**
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME

James Earl Miller

3. (b) If veteran, name war.....

3. (c) Social Security No. **488-18-9165**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Bulah Miller**

6. (c) Age of husband or wife if alive **23** years

7. Birth date of deceased **May** (Month)

30 (Day) **1907** (Year)

8. AGE: Years **34** Months **3** Days **11** If less than one day hr. min.

9. Birthplace **Dayton Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Auto mechanic**

11. Industry or business.....

MOTHER FATHER { 12. Name **John Glen Miller**

13. Birthplace **Unknown Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Estella Cline**

15. Birthplace **Unknown Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Bulah Miller**

(b) Address **Piedmont Mo.**

17. (a) **Removal** (b) Date thereof **Sept. 11, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Piedmont Mo.**

18. (a) Signature of funeral director **Yates Undertaking Co.**

(b) Address **Piedmont Mo.**

19. (a) **9-13-41** (b) **Belle Turner**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **11**
year **1941** hour **12** minute **31** AM.

21. I hereby certify that I attended the deceased from **7:30 PM**
9-11, 1941, to **9-12**, 1941
that I last saw him alive on **9-12**, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death **Concussion of Brain**
Due to **Contusions of lungs**
Laceration of foot
Due to **fracture of skull**
Other conditions **4**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **1700**
Of autopsy **26**

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) **Accident**
(b) Date of occurrence **9-12-41**
(c) Where did injury occur? **Piedmont Wayne Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place - motorcycle run
(Specify type of place) (e) Means of injury
While at work? **On road**
23. Signature **Reporter** (M. D. or other)
Address **Poplar Bluff Mo** Date signed **9-12-41**

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

RECEIVED

District Health Office No. 2,

District File Number 941-1313

Date Filed 9/22/41

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 Grover W. Greer

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff, 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, fact should be so stated above.