

0.2
4-41
7-39
X28390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28431551

State File No. _____

Registration District No. 361 FILED SEP 15 1941
Registration District No. 5506

Registrar's No. 57064

1. PLACE OF DEATH:
(a) County Wickham
(b) City or town Cross Timbers, Mo.
(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 1 (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Wickham
(c) City or town Cross Timbers, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Don P. Miller
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 11
year 1941 hour _____ minute 50 P.
21. I hereby certify that I attended the deceased from
Jul. 28 1941 to Aug 11 1941
that I last saw him alive on Aug 11 1941
and that death occurred on the date and hour stated above.

4. Sex mo 5. Color or race wh
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Laura F. Miller
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 25 1868
(Month) (Day) (Year)

Immediate cause of death
Hypostatic pneumonia Duration 6 days
Due to confinement to bed 2 wks.
Due to Cerebral hemorrhage
(cerebral hemorrhage)
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
72 7 16 hr. _____ min.
9. Birthplace Adelle Iowa
(City, town, or county) (State or foreign country)
10. Usual occupation merchant

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name L. A. Miller
13. Birthplace Uncle
(City, town, or county) (State or foreign country)
14. Maiden name Mary Miller
15. Birthplace Uncle
(City, town, or county) (State or foreign country)

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?

16. (a) Informant Floyd B. Miller
(b) Address Kansas City, Mo.
17. (a) Cremial (b) Date thereof 8/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cross Timbers, Mo.
18. (a) Signature of funeral director J. P. Liskey
(b) Address Wheatland, Mo.
19. (a) Aug 26 - 1941 B. O. Pickett
(Date reported local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury 2
23. Signature M. H. Kneeland (M. D. or other) D.O.
Address Cross Timbers, Mo. Date signed Aug 17, 1941

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

RECEIVED

Death Health Officer No. 7,

Death Number 9-41-1671

Date Filed 9-12-41

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

J. L. Kirk

Licensed Embalmer No. 2982

P. O. Address Whitland Md

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.