

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 155427

Registration District No. 504

Primary Registration District No. 5667

Registrar's No. 9

58
200

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

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Rural, Grantsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXXXXXXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community XXXXXXXXXX years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Rural, Grantsville Twp.
(If outside city or town limit, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Charles Howard Miller
3. (b) If veteran, name war XXXXX 3. (c) Social Security No. XXXXXX

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nettie Miller 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased April 22 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Putnam Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farm

12. Name Andrew Martin Miller

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

14. Maiden name Elizabeth Phillips

15. Birthplace Scotland Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Martin Miller
(b) Address Purdin, Missouri

17. (a) Burial (b) Date thereof 10/28/1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lemons Missouri

18. (a) Signature of funeral director Thomas H. H. H. Co.
(b) Address Linneus, Missouri

19. (a) 10-28-41 (b) U. C. Dryden
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26
year 1941 hour 10 minute 30 a. M.

21. I hereby certify that I attended the deceased from Aug 20, 1941 to October 26, 1941;
that I last saw him alive on Oct 24, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis acute attack Duration 10 yrs

Due to _____

Due to _____

Other conditions Chronic nephritis 4 yrs
(Include pregnancy within 3 months of death)

Major findings: 131
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. R. M. A. T. O. (M. D. or other) D
Address Browning, Missouri Date signed 10/28

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.....

Licensed Embalmer No.

P. O. 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, above space should be left blank.