

No. 2
-1-4-41
5-17-39
I X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38566

FILED DEC 4 1941

Registration District No. 41941

Primary Registration District No. 3021

Registrar's No. 106

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Webb City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 25 SOUTH HALL. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph S. Miller

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mollie Miller

6. (c) Age of husband or wife if alive No Data years

7. Birth date of deceased: Feb. 26, 1863 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>8</u>	<u>26</u>	hr. min.

9. Birthplace Martinsville, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farm

12. Name Christopher C. Miller

13. Birthplace No Data Illinois (City, town, or county) (State or foreign country)

14. Maiden name Jane Bishop

15. Birthplace No Data Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mollie Miller (widow)

(b) Address Webb City, Missouri

17. (a) Burial (b) Date thereof 11/24/41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forrest Park Cem/

18. (a) Signature of funeral director Hedge Nelson

(b) Address Webb City, Missouri

19. (a) NOV. 24, 1941 (b) C. L. Ditchett (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Webb City, (If outside city or town limits, write "RURAL")

(d) Street No. 25 S. Hall Street (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22 year 1941 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from NOV 3 1941 to NOV 22 1941; that I last saw him alive on NOV 22 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory failure

Due to Cardio-renal Disease

Chronic Rheumatism

Due to _____

Other conditions (Include pregnancy within 3 months of death) 131a

Major findings: 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 D

Signature C. L. Ditchett (M. D. or other)

Address Webb City Mo Date signed 11-24-41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

311

(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..... *E. O. Hedger*

Licensed Embalmer No. *2859*

P. O. Address..... *W. H. Putney*

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.