

FILED DEC 2 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

39624

Do not use this space.

## 1. PLACE OF DEATH

(a) County Scott  
(b) Township  
(c) City Benton or  
(e) Length of residence in city or town where death occurred 35 yrs. 8 mos. ds.Registration District No. 814 100  
Primary Registration District No. 4490 0  
(d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. \_\_\_\_\_

## 2. PRINT FULL NAME

Residence, No. Benton, Mo. St. Mo.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Laura Elizabeth Anderson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 31 1857</u>		
7. AGE YEARS <u>84</u>	MONTHS <u>2</u>	DAYS <u>3</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	<u>Merchant</u>
	9. Industry or business in which work was done, as saw mill, bank, etc.	<u>Retired</u>
	10. Date deceased last worked at this occupation (month and year) <u>1936</u>	11. Total time (years) spent in this occupation <u>22 yrs.</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scott County Mo.</u>		
FATHER	13. NAME <u>Ben Miller</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
MOTHER	15. MAIDEN NAME <u>Sally Welsh</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
17. INFORMANT <u>Wade Miller</u> (ADDRESS) <u>Benton, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hickory Grove Cemetary</u> DATE <u>Nov. 4<sup>th</sup> 1941</u>		
19. FUNERAL DIRECTOR (NAME) <u>Ellise Funeral Service</u> (ADDRESS) <u>Dikeston, Mo.</u>		
20. FILED <u>11-4</u> 19 <u>41</u> <u>Mildred Foster</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 3 194122. I HEREBY CERTIFY, That I attended deceased from July 15, 1940, to Nov. 3, 1941I last saw him alive on Nov. 2, 1941. Death is saidto have occurred on the date stated above, at 6:35 A.M.  
The principal cause of death and related causes of importance were as follows:Myocardial Decompensation  
due to Aortic Insufficiency and stenosis.

Date of onset

Other contributory causes of importance:

Arteriosclerosis  
Paroxysmal Tachycardia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? None Was there an autopsy? No.23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No.  
If so, specify \_\_\_\_\_(Signed) M. P. Bryan M. D.  
(Address) Benton, Missouri

RECEIVED

District Health Office No. 2,

District File Number 1241-1587

Date Filed 12/1/41

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 Nov. 3

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed John Ellis

Licensed Embalmer No. 4218

P. O. Address Wilkesboro

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.