

No. 2
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAR 19 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **5885**
Registrar's No. **34**

Registration District No. **73**

Primary Registration District No. **3006**

1. PLACE OF DEATH

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
811 N 8th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 years
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 811 N 8th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LEON STEWART MILLER

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male race w
5. Color or w
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Deborah Selby
6. (c) Age of husband or wife if alive Unknown

7. Birth date of deceased: (Month) May (Day) 4 (Year) 1863

8. AGE: Years 78 Months 8 Days 29
If less than one day hr. _____ min. _____

9. Birthplace Millersburg Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer - Retired

11. Industry or business _____

12. Name George Miller
13. Birthplace Mo
(City, town, or county) (State or foreign country)

14. Maiden name Anna Baker
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J S Wade
(b) Address Columbia, Mo

17. (a) Burial (b) Date thereof Feb 5 '42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Millersburg Mo

18. (a) Signature of funeral director Franklin
(b) Address Columbia, Mo

19. (a) 2/10/42 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3rd
year 1942 hour 11 AM minute _____

21. I hereby certify that I attended the deceased from Feb 1st
1942 to Feb 3rd 1942
that I last saw him alive on Feb 2nd 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Alumina

Due to Nephritis (chronic Bright Disease)

Due to 131b

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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) _____
(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 Lloyd Simpson (M. D. or other) _____
Address 506 Cherry St Date signed 2-10-42

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

MOTHER FATHER

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 Charles L. Young
Licensed Embalmer No. 4136
P. O. Address Columbia, S.C.

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.