

FILED APR 13 1942

Registration District No.

Primary Registration District No. 2002

Registrar's No. 114

1. PLACE OF DEATH: Jasper

(a) County Joplin

(b) City or town Joplin

(c) Name of hospital or institution: Freeman Hosp;  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 10 days  
(Specify whether years, months or days)

In this community 12 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049

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

(d) Street No. 1826 Pearl St;  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country No

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

3. (b) If veteran, name war No

3. (c) Social Security No. 491-01-2764

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

6. (b) Name of husband or wife Florence Miller 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Oct. 1, 1887  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>5</u>	<u>24</u>	hr. min.

9. Birthplace Neosho Mo; Newton Co; 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Collector, L.B. Price and Co;

11. Industry or business

MOTHER FATHER { 12. Name C.W. Miller

13. Birthplace Terre Haute Indiana; 1  
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Schoenborn

15. Birthplace Missouri. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Florence Miller

(b) Address 1826 Pearl St;

17. (a) Burial (b) Date thereof 3-28-42.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odd Fellows Cem, Neosho Mo;

18. (a) Signature of funeral director Hurlbut Und. Co;

(b) Address Joplin Mo;

19. (a) 3-28-42 (b) Gertud Sudhoeft  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. 25 day 1942  
year 4-45 hour P.M. minute 0 M.

21. I hereby certify that I attended the deceased from Jan 3 1942 to March 25 1942  
that I last saw him alive on March 25 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Malignancy of Uterus 2 mos. before  
reproductive

Due to 528

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 528

Of autopsy

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) no

(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?

23. Signature [Signature] (Specify type of placenta or means of injury)

(M. D. or other)

Date signed 3/27/42

49  
5-12  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
M. Miller

42.3271

**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 *Terry T. Lush*

Licensed Embalmer No. *959*

P. O. Address *Jasper, Mo*

**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.**