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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14377

State File No.

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 296

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: BURGE O HOSP. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39 0

(c) City or town ~~Springfield~~ Rural N. Campbell (If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. #4 (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JASON EVERETT MILLER.

3. (b) If veteran, name war NONE

3. (c) Social Security No. None

4. Sex MALE 1

5. Color or race WHITE

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

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased June (Month) 27 (Day) 1894 (Year)

8. AGE: Years 47 Months 9 Days 19 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business General Work

MOTHER FATHER

12. Name Harve Miller

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

14. Maiden name Mary Upchurch

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

16. (a) Informant Mrs. M. J. Miller

(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-42 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director J. Wklingner & Co

(b) Address Springfield Mo.

19. (a) 4-18-42 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1942 hour 9 minute 10 P. M.

21. I hereby certify that I attended the deceased from April 16, 1942 to April 16, 1942 that I last saw him alive on April 16, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General peritonitis	
Due to Intestinal obstruction	4 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations Intestinal obstruction = peritonitis
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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. Roland Langston (M. D. or other) MD

Address Springfield Mo Date signed 4/17/42

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(Licensed Embalmer's Statement on Reverse Side)

#P

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. 4073

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, fact should be so stated above.