V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 9 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14837

Registration District No. 497 Primary Registration District No. 5661A Registrar's No. 5

58
0
0

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Purdin Twn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn 58
(c) City or town Purdin 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Carter Miller
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hattie Miller
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased April (Month) 21 (Day) 1871 (Year)

8. AGE: Years 70 Months 11 Days 19 If less than one day hr. min.

9. Birthplace Linn County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Road overseer
11. Industry or business Benton Township
FATHER 12. Name James Franklin Miller /
13. Birthplace xxxxxxx (City, town, or county) N. Carolina (State or foreign country)
MOTHER 14. Maiden name Millie Ann Kennedy
15. Birthplace Linn County (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant C. O. Miller
(b) Address Purdin, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/12/1942 (Month) (Day) (Year)
(c) Place: burial or cremation Purdin Cemetery
18. (a) Signature of funeral director Thorne Undertaking Co
(b) Address Linneus, Missouri
19. (a) April 12-42 (Date received local registrar) (b) Geo. A. Anderson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th year 1942 hour 9 minute 15 p. M.
21. I hereby certify that I attended the deceased from January 1935, 19..., to April 10, 1942 that I last saw him alive on April 10, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Myocardial Failure
Due to
Chronic Arterial Hypertension
Due to
Other conditions
(Include pregnancy within 3 months of death) /
Major findings:
Of operations 102
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 0
23. Signature Gellet H. Thorp xxxx D. O. (M. D. or other)
Address Purdin, Missouri Date signed 4/11

1207 (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 XXXXXXXXXXXXXXXX

was not embalmed, Registered Apprentice No.

working under my personal supervision.

Signed Dave A. Taylor

Licensed Embalmer No. 3761

P. O. Address Linneus, Missouri

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.