S. No. 2
M—4-41
7. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 18 1942

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

17456

State File No. 197

Registrar's No. 541

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 733 So 5th (If not in hospital or institution, write street number or location)

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

In this community 8 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 601 So 5th (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William Ernest Miller

3. (b) If veteran, name war No

3. (c) Social Security No. 495-10-6198

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Eva Miller Lucas

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 63 | Months | Days | If less than one day hr. min.

9. Birthplace Pittsburg (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Coal Miner

11. Industry or business

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

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant William E. Miller Jr

(b) Address St Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/42 (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetary

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address 1946 Calhoun

19. (a) 5-27-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1942 hour 8 minute 30A M.

21. I hereby certify that I viewed the deceased from on May 25th 1942 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Homicide by fire arms — Duration 1 day,

Due to Man shot in the neck with a 38 Caliber revolver, by a

Due to night watchman,

Other conditions (Include pregnancy within 3 months of death) 166

Major findings:
Of operations

Of autopsy no (bullet removed only)

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) Homicide

(b) Date of occurrence May 20 - 1942

(c) Where did injury occur? St Joseph (City or town) Buch (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Alley near 4th and Patte sts (Specify type of place)

While at work? No (e) Means of injury Fire arms

23. Signature H F Mundy (M. D. or other) Coroner

Address 404 So 3d, st, Date signed 5/26/42

1233 (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 was embalmed by me, or by Was not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed John F. Hurley

Licensed Embalmer No. 4050

P. O. Address St Joseph 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.