S. No. 2
—11-10-39
. 5-17-39
P I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1942

Registration District No. 1346

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4090

State File No. 17704

Registrar's No. 89

19
1
0

1. PLACE OF DEATH:

(a) County Cass

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

(c) Name of hospital or institution: ✓ 1 (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 Cass 19 1 0

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

(d) Street No. ✓ (If rural, give location) 0

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

3. (a) PRINT FULL NAME Harold Dennis 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 ✓

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased April (Month) 27 (Day) 1942 (Year)

8. AGE: Years ✓ Months 1 Days 8 If less than one day hr. min.

9. Birthplace Harrisonville (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation

11. Industry or business ✓

FATHER
12. Name Paul Vernon Miller
13. Birthplace Hunnandville (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Alva Marie Simmons
15. Birthplace Fair Play (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Mrs Alva M. Miller
(b) Address Harrisonville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation Orient

18. (a) Signature of funeral director RUNNENBURGER'S HARRISONVILLE, MO.
(b) Address

19. (a) June 8, 1942 (Date received local registrar) (b) Margaret Volle (Registrar's signature)

1047

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1942 hour 2 P.M. minute — M.

21. I hereby certify that I attended the deceased from May 16, 1942, to June 5, 1942 that I last saw him alive on June 5th, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Patent Foramen Ovale with Dysphoea & Cyanosis	Birth
Due to Congenital lesion	
Due to Much enlargement of Right side of Heart	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy	

157e

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 Dr. E. H. Owen (M. D. or other) DO

Address Harrisonville Mo Date signed 6/8-42

(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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Ernest Rummenbunger

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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, above space should be left blank.