

S. No. 2
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X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24385

State File No. _____

FILED AUG 10 1942

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Bethany
(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)
In this community Entire Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Harrison
(c) City or town Bethany
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ed Miller
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1942 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

4. Sex male 5. Color of race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Mary Jane Miller Decene 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 7 1863
(Month) (Day) (Year)

Immediate cause of death _____

apoplexy

8. AGE: Years 79 Months 4 Days 11 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

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

10. Usual occupation Plasterer

Major findings: _____
Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name Joe Miller

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

14. Maiden name Mary Jane Jeffords

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

16. (a) Informant O. B. Miller
(b) Address Bethany Mo

17. (a) Burial (b) Date thereof July 20 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miriam Cemetery
18. (a) Signature of funeral director Joe E. Wheeler
(b) Address Bethany Mo

19. (a) 7/20/42 (b) Zola M. Burris
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature Joe E. Wheeler (If D. or other) _____
Address Bethany Mo Date signed 7/19/42

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

303 (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.....

Joe E. Wheeler

Licensed Embalmer No. *3512*

P. O. Address..... *Bethany, Va.*

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.