

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....  
Registrar's No. 51

FILED AUG 7 1942  
Registration District No. 295

Primary Registration District No. 6015

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

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Rural Sac Springs  
(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 Randolph

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Wilson Miller

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 15 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	8	17	hr. min.

9. Birthplace Randolph Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

12. Name Jacob Miller

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

14. Maiden name Nancy Schalm

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

16. (a) Informant Mrs Jenny Miller

(b) Address Hunterville Missouri

17. (a) burial (b) Date thereof July 14, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Family Cemetery

18. (a) Signature of funeral director Sam B. Patton

(b) Address Hunterville Mo

19. (a) 7-31-42 (b) Mrs. P. V. Dreyer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12  
year 1942 hour 8 minute \_\_\_\_\_ P.M.

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

Immediate cause of death Asphyxiation - head buried in mud. Auto accident. Due to wreath his head pinned by car in mud.

Due to \_\_\_\_\_

Due to Coronary case

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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) Accident

(b) Date of occurrence 7-12-42

(c) Where did injury occur? Hunterville RFD Road No  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
off public road  
(Specify type of place)

While at work \_\_\_\_\_ (e) Means of injury Auto accident

23. Signature W. E. Guffey (M. D. or coroner)  
Address Mrs. Betty Miller Date signed 7-14-42

1027

AUG 18 1942

RECEIVED  
District Health Officer No. 10  
District File Number 421507  
Date Filed AUG 5 1942

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 Paul J. Patton  
Licensed Embalmer No. 4095  
P. O. Address Huntsville, 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.