No. 2
9-4-41
17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25464

State File No. 25464

Registration District No. 336 Primary Registration District No. 6127 Registrar's No.

1. PLACE OF DEATH:
(a) County: Shannon
(b) City or town: Rural Buckeye Twp
(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 years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Shannon 101
(c) City or town: Rural Buckeye Twp 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME: John Ephraim Miller
3. (b) If veteran name war: —
3. (c) Social Security No. —
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Nancy J. Miller
6. (c) Age of husband or wife if alive: 61 years
7. Birth date of deceased: Jan (Month) 17 (Day) 1862 (Year)

8. AGE: Years	Months	Days	If less than one day
80	3	24	hr. min.

9. Birthplace (City, town, or county): Kentucky 1 (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Jacob Miller
13. Birthplace (City, town, or county): Kentucky 1 (State or foreign country)
MOTHER 14. Maiden name:
15. Birthplace (City, town, or county): 9 (State or foreign country)
16. (a) Informant: E. Miller
(b) Address: Jiselo Park Mo
17. (a) Burial, cremation, or removal: Burial (b) Date thereof: 8-13-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Bethel Chapel
18. (a) Signature of funeral director: Duncan
(b) Address: Mt Vernon Mo
19. (a) Date received local registrar: 8-12-42 (b) Registrar's signature: Frank Hyde MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1942 hour 10 minute 0 A.M.
21. I hereby certify that I attended the deceased from May 1 1942 to May 11 1942 that I last saw him alive on May 8 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Cystitis + Prostatitis
Prostatic Malignant
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): S/P
Major findings:
Of operations:
Of autopsy:

Duration

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: Frank Hyde (M. D. or other)
Address: Cassville Mo Date signed 8-13-42

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 7423-35.
Date Filed 8-13-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

S. o. 2B
M— 8-21-41
v. 5.1 X29230

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25464

Registration District No. 334 Primary Registration District No. 6124 Registrar's No.

1. PLACE OF DEATH:

(a) County: Shannon

(b) City or town: Rural
(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 (b) County

(c) City or town
(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: John E. Miller

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife

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

7. Birth date of deceased: Jan (Month) 17 (Day) 1862 (Year)

8. AGE: Years 80 Months 3 Days 12 If less than one day hr. min.

9. Birthplace: (City, town, or county) MO (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name: Unknown

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 1 year 1942 hour minute 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 — Duration

Due to

Due to

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)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY