

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 11 1942

Registration District No. H2

Primary Registration District No. 1000

Registrar's No. 847

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
Saint Joseph Hosnital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Two days
(Specify whether years, months or days)

In this community Fifty years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 1421 South 9th Street
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Francis Marion Miller

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Sarah E. Miller 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: July 26 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>0</u>	<u>24</u>	<u>hr. min.</u>

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

10. Usual occupation Transfer man

11. Industry or business Miller Transfer Co.

MOTHER FATHER { 12. Name Riley Miller

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

{ 14. Maiden name Mary Hubber

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

16. (a) Informant Willie R. Miller

(b) Address 1421 South 9th Street

17. (a) Burial (b) Date thereof Aug. 22 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director E. R. Sidenfaden

(b) Address 602 South 10th Street

19. (a) 8-22-42 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19
year 1942 hour 11:40 minute P.M.

21. I hereby certify that I attended the deceased from 8-18 1942 to 8-19 1942
that I last saw him alive on 8-19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death acute pyelo-nephritis - extensive bilateral - cardiac hypertrophy - acute toxemia

Duration _____

Due to _____

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

Major findings: none

Of operations _____

Of autopsy same as above

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? _____

While at work? _____ (Specify type of place) (2) Means of injury _____

23. Signature Charles H. Werner (M. D. or other) _____
Address 231 Kirkpatrick Bldg. Date signed 8-21-1942

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

X32873

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 *Mollie E. Sidenfaden*

Licensed Embalmer No. *4235*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26735
Registrar's No. 847

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(c) Name of hospital or institution: St Joseph Hosp
(d) Length of stay: In hospital or institution 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State..... (b) County.....
(c) City or town.....
(d) Street No.....
(e) Citizen of foreign country?.....

3. (a) PRINT FULL NAME Frank (Francis) M. Miller
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August year 1942 hour..... minute..... M.

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

21. I hereby certify that I attended the deceased from.....
that I have examined the body on..... and that death occurred on the date and hour stated above.

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

Immediate cause of death acute pyelo - 2024222222
blatant carcinoma by

7. Birth date of deceased July 26 1874

Due to portopy
Due to acute toxemia

8. AGE: Years 77 Months 0 Days 0

History of stomach ulcers
Other conditions 133a
(Include pregnancy within 3 months of death)

9. Birthplace mo

Major findings:
no history of chronic nephritis
extensive bilateral acute pyelo
nephritis acute toxemia

10. Usual occupation.....
11. Industry of business.....

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

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

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

16. (a) Informant.....
(b) Address.....

17. (a) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....
(b) Address.....

19. (a) (b) (Registrar's signature)

23. Charles H. Kerner (M. D. or other)
Address 22 Kirkpatrick Bldg Date 9-25-1942

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

SUPPLEMENTARY

