

STANDARD CERTIFICATE OF DEATH

30668

State File No.

FILED OCT 9 1942

Registration District No. 169

Primary Registration District No. 5622

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Knox Co
 (b) City or town Rural Fayette Pop
 (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 50 yrs years, months or days)

3. (a) PRINT FULL NAME

William August Miller3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex Male5. Color or
race White6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife
Mary Miller6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased Oct
(Month)10 1880
(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

61 11 20 hr. min.

9. Birthplace

Clark Co
(City, town, or county)Mo.
(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

MOTHER

FATHER

12. Name

John Miller

18. Birthplace

Clark Co
(City, town, or county)Mo.
(State or foreign country)

14. Maiden name

Emma Minnie Bergman

15. Birthplace

Charles
(City, town, or county)Mo.
(State or foreign country)

16. (a) Informant's own signature

Mary F. Miller

(b) Address

Knox City Mo

17. (a) Burial

Burial
(Burial, cremation, or removal)(b) Date thereof Oct 2 - 1942
(Month) (Day) (Year)

(c) Place: burial or cremation

Knox City Cemetery

18. (a) Signature of funeral director

Degees + Walter

(b) Address

Knox City Mo

19. (a)

Oct 5 - 42
(Date received local registrar)(b) W. H. Northcutt
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Knox 52
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1/2 mile S. Knox City Mo
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30
 year 1942 hour 11 am minute _____ M.

21. I hereby certify that I attended the deceased from July
5, 1942 to Sept 30, 1942
 that I last saw him alive on Sept 30, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death

Organic Heart Lesion

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

While at work? _____

(Specify type of place)

(e) Means of injury _____

28. Signature Paul M Reynolds (M. D. or other)Address Knox CityDate signed 12/4/42

NCT 2319A

RECEIVED

District Health Officer No. 10

District File Number 10-42-1861

Date Filed OCT. 7. 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.....

Licensed Embalmer No. 684

P. O. Address Knox City, 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.