S. No. 2
M—5-42
5-17-39
PI X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33261

State File No.

FILED OCT 23 1942

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 975

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: St. Joseph's Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks (Specify whether

In this community unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11 1

(c) City or town St. Joseph 2 (If outside city or town limits, write "RURAL")

(d) Street No. 223 South 17th St (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Frank Miller

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 0

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years 72 | Months 0 | Days 0 | If less than one day hr. min.

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

10. Usual occupation unknown

11. Industry or business unknown

FATHER
12. Name unknown
13. Birthplace (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Social Security Commission

(b) Address Community Hall

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-16-42 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Tracy Barry Funeral Home

(b) Address 218 South 10th St

19. (a) 10-16-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14 year 1942 hour six minute 45 P.M.

21. I hereby certify that I attended the deceased from August 27, 1942, to October 14, 1942 that I last saw him alive on October 14, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ilecolitis	
secondary anemia	
Due to Obstruction intestial	
partial	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

Prev to Aug 27 1942

1200

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 0

23. Signature Clifton Smith (M. D. or other)

Address Welfare Board Date signed 10/17/42

1233

(Licensed Embalmer's Statement on Reverse Side)

MAY 16 1952

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 Victor J. Barry

Licensed Embalmer No. 4212

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.