

S. No. 2
M-5-42
v. 5-17-39
P-I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33262

State File No.

FILED NOV 2 1942
Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 806

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

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:
Mo. Meth. Hosp't.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hours Hosp't
(Specify whether)

In this community 6 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 1408 Ashland
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ROBERT LEE MILLER

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Jessie Mae Miller

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Sept. 21 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>1</u>	<u>5</u>	hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER {

12. Name William H. Miller

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

14. Maiden name Nancy E. Jeffers

15. Birthplace Andrew Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs R. L. Miller

(b) Address 1408 Ashland, St. Joseph, Mo.

17. (a) Burial (b) Date thereof Oct. 29, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Newton Be Gole & Bowman

(b) Address 319 So. 10 St. Joseph, Mo.

19. (a) Oct. 29, 42 (b) Roe Jozoy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26
year 1942 hour 12 minute 5 a.m.

21. I hereby certify that I attended the deceased from Oct. 20 1942 to Oct. 26 1942
that I last saw him alive on Oct. 25 1942
and that death occurred on the date and hour stated above.

Immediate cause of death arteria-sclerosis Duration unknown
General arteriosclerosis unknown
Heart disease unknown

Due to 930

Due to

Other conditions Secondary anemia unknown
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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 _____

23. Signature E. M. Shores (M. D. or other) M.D.
Address 317 1/2 Parkview Bldg Date signed 10-26-42

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 Oct. 26-42

....., Registered Apprentice No.
working under my personal supervision.

Signed Wm. E. Summerfield

Licensed Embalmer No. 5007

P. O. Address 319 S. 50th St. York Pa

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.