

FILED OCT 28 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

33466

Registration District No. 59

Primary Registration District No. 5227

Registrar's No. 141

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

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Rural Peculiar Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Co Home 5
(If not in hospital or institution, write street number or location)

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

In this community 14 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass

(c) City or town Rural (Harrisonville)
(If outside city or town limits write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME WILLIAM CALEB MILLER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7th
year 1942 hour 7:00 minute _____ P. M.

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

21. I hereby certify that I attended the deceased from Jan 1, 1941
_____ 19 _____, 19 _____
that I last saw him alive on Oct 7, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death _____

4. Sex Male

5. Color, or race White

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

6. (b) Name of husband or wife Sarah Jane Miller

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

7. Birth date of deceased: July 31 1855
(Month) (Day) (Year)

8. AGE: Years 87 Months 3 Days 2
If less than one day _____ hr. _____ min.

Due to Senile Debility

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

9. Birthplace Crawford Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation County Home

11. Industry or business _____

MOTHER FATHER { 12. Name David Franklin Miller

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

MOTHER FATHER { 14. Maiden name Phoebe

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

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? _____

16. (a) Informant Co Home Records

(b) Address Harrisonville Mo

17. (a) Burial (b) Date thereof 10 8 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Orient Cemetery

While at work? _____
(Specify type of place)

(c) Means of injury _____

23. Signature E. M. Guffey (M. D. or DHE)

Address Harrisonville Mo Date signed Oct 19 1942

18. (a) Signature of funeral director RUNNENBURGER'S

(b) Address HARRISONVILLE, MO

19. (a) Oct. 12, 1942 (b) Margaret Miller
(Date received local registrar) (Registrar's signature)

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.

not embalmed

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, above space should be left blank.