

No. 2  
1-5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2820**

Registration District No. **207**

Primary Registration District No. **5756**

Registrar's No. **9**

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

**1. PLACE OF DEATH:**

(a) County **Maries**

(b) City or town **rural - Jefferson**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1 2nd**  
(If not in hospital or institution, write street number or location)

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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Maries**

(c) City or town **rural**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country **no**

**3. (a) PRINT FULL NAME** **John William Miller**

**3. (b) If veteran,** name war \_\_\_\_\_

**3. (c) Social Security No.** **499-03-7410**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **January** day **8**  
year **1943** hour **12** minute **noon**

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him  alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

**4. Sex** **Male**

**5. Color or race** **White**

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

**6. (b) Name of husband or wife** **Laura Miller**

**6. (c) Age of husband or wife if alive** **52** years

**7. Birth date of deceased** **Nov. 30** **1882**  
(Month) (Day) (Year)

**Immediate cause of death** **Coronary Thrombus**

**Duration** **P**

**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**94a**

**8. AGE:**

Years	Months	Days	If less than one day
60	1	8	hr. _____ min. _____

**PHYSICIAN**

**Major findings:**

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

**10. Usual occupation** **laborer**

**11. Industry or business** \_\_\_\_\_

**12. Name** **John Miller**

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

**14. Maiden name** **Susan Haynes**

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

**16. (a) Informant** **Mrs. Wm Miller**

**(b) Address** **Belle, Mo. R. R.**

**17. (a) Burial** **1/11/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(b) Date thereof** **Grove Dale**

**(c) Place: burial or cremation** \_\_\_\_\_

**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? \_\_\_\_\_

**18. (a) Signature of funeral director** **Sassmann's Funeral**

**(b) Address** **Belle, Mo.**

**19. (a) 1-12-43** **(b) Erma Bassett**  
(Date received local registrar) (Registrar's signature)

**Service** \_\_\_\_\_

**23. Signature** **S. C. Howard** (M. D. or other) \_\_\_\_\_

**Address** **Brenna, Mo.** **Date signed** **1/11/43**

1096

(Licensed Embalmer's Statement on Reverse Side): **Maries County Coroner**

FEB 11 1943

JAN 29 1943

**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

*Chester Hassman*

Licensed Embalmer No. *41781*

P. O. Address

*Bland 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.**