

S. No. 2
M-5-42
v. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3098

State File No.

FILED FEB 5 1943 274

Registration District No.

Primary Registration District No. 3052

Registrar's No. 21

80
6
4

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

1. PLACE OF DEATH:

(a) County **Pettis**

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

(c) Name of hospital or institution:
116 1/2 E Main /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Pettis**

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

(d) Street No. **116 1/2 E Main**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Addison G Miller**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **widowed**

6. (b) Name of husband or wife **Mary L Miller** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **March 25 1859**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
83		9	15	hr. min.

9. Birthplace **Cole County** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Retired**

12. Name **John Miller**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Lena Stephens**

(b) Address **Sedalia Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Jan 13 1943** (Month) (Day) (Year)

(c) Place: burial or cremation **Crown Hill**

18. (a) Signature of funeral director **McLaughlin Bros.** (b) Address **Sedalia Mo.**

19. (a) **1-11-43** (Date received local registrar) (b) **Mrs Anna Berger** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **10** year **1943** hour **10** minute **10** P. M.

21. I hereby certify that I examined the deceased from **1-10 1943** to **1943** that I last saw him **alive** on **1-10 1943** and that death occurred on the date and hour stated above.

Immediate cause of death: **died very suddenly from coronary occlusion**

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy **Coronary sclerosis**

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.....
23. Signature **J. P. Bishop** (M. D. or other).....
Address **Sedalia Mo.** Date signed **1-10-43**

RECEIVED

District Health Officer No. 9.

District File Number

Date Filed 2-4-43.

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.....

Robert H. Reed

Licensed Embalmer No. *3745*

P. O. Address *Sedalia 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.