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FILED APR 15 1943

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10114

State File No.

Registration District No. 100 Primary Registration District No. 5391 Registrar's No. 101

1. PLACE OF DEATH:

(a) County Dent

(b) City or town Montauk Indian Twp
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 6 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dent 33 0

(c) City or town Montauk. 0
(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 Edward Miller

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced S O

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 11 (Day) 1868 (Year)

8. AGE: Years 74 Months 11 Days 11 If less than one day hr. min.

9. Birthplace Long Pond Pennsylvania (City, town, or county) 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

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

MOTHER
14. Maiden name Dont Know
15. Birthplace N ✓ ✓ (City, town, or county) 9 (State or foreign country)

16. (a) Informant Social Security Office
(b) Address Salem. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 - (Month) (Day) -43 (Year)
(c) Place: burial or cremation Cedar Grove

18. (a) Signature of funeral director Hobson Grantham
(b) Address Salem Mo.

19. (a) 3-25-43 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1943 hour 10 minute A M.

21. I hereby certify that I attended the deceased from ✓ ✓, 19__, to ✓, 19__; that I last saw h ✓ alive on ✓, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Died Suddenly

Due to Rheumatism

Due to ✓

Other conditions (Include pregnancy within 3 months of death) ✓ 93.1

Major findings:
Of operations ✓

Of autopsy No

Duration

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 ✓

23. Signature H. G. Dillon Caranes (M. D. or other) 3

Address Salem Mo Date signed 3-24-43

1177

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 443239
Date Filed 4-12-43

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 Floyd W. Fox
Licensed Embalmer No. 2910
P. O. Address Salem 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, above space should be left blank.