

FILED APR 9 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10760

State File No. _____

Registration District No. 183

Primary Registration District No. 5684

Registrar's No. 10

58
008

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

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Meadville *Clay 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 X (Specify whether _____)

In this community _____ years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn **58**

(c) City or town Meadville Rural **8**
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. # 2 (If rural, give location) **1**

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

3. (a) PRINT FULL NAME William John Miller

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from March 6 to March 6 1943
that I last saw him alive on March 6 1943
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 single

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

7. Birth date of deceased August 12 1873
(Month) (Day) (Year)

Immediate cause of death 6
Bright's Disease
Chronic Nephritis
Cardiovascular
renal syndrome

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 131a

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>6</u>	<u>22</u>	_____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name George W Miller

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

14. Maiden name Mary E. Sutton

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

16. (a) Informant Ida May Miller
(b) Address Meadville Mo

17. (a) Burial (b) Date thereof May 7 '43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Meadville Mo

18. (a) Signature of funeral director Smiley Funeral Home
(b) Address Wheeling Mo

19. (a) Mar 10 1943 (b) Thos C C Woolf
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy _____

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) (c) Means of injury 0

23. Signature E Miller (M. D. or other) _____
Address Meadville MO Date signed 3-7-43

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

Frank L. Smiley

Licensed Embalmer No.

470

P. O. Address.

Wheeler

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.