

S. 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

DR. McBER
11752
State File No.

LED APR 14 1943

Registration District No. 358

Primary Registration District No. 6215

Registrar's No. 4

1. PLACE OF DEATH:

(a) County VERNON, OSAGE
(b) City or town RURAL Rich Hill Mo
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 60 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME Samuel George 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 Widowed
6. (b) Name of husband or wife Margaret Leona Miller 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased May 20 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 18 If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business —

12. Name James M. Miller

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

14. Maiden name —

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

16. (a) Informant Mrs. Leona Sheddick

(b) Address Rich Hill Mo 43

17. (a) BURIAL (b) Date thereof 3-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BEREA - Cem. Walker Mo.

18. (a) Signature of funeral director BOOTH
(b) Address Rich Hill Mo.

19. (a) 3-22-43 (b) —
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County VERNON
(c) City or town Rich Hill Mo "RURAL"
(If outside city or town limits, give "RURAL")
(d) Street No. RURAL ROUTE #3
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 18
year 1943 hour 120 minute a. M.

21. I hereby certify that I attended the deceased from March 8th, 1943, to March 14th, 1943;
that I last saw him alive on March 14th, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure due to muscular Atrophy Duration —

Due to Chronic Progressive Bulbar Paralysis

Due to Vascular Atrophy

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

Major findings: 8211
Of operations —
Of autopsy —

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 Taylor R. McBer (M. D. or other) D.O.

Address Rich Hill Mo. Date signed 3-19-43

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

MOTHER FATHER

1252 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No: 74
District File Number 3-43-51
Date Filed 4-6-43

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 *J. G. Underwood*
Licensed Embalmer No. 3585
P. O. Address *Butler 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.