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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 200

FILED APR 26 1943

Registration District No. 156

Primary Registration District No. 2001

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jasper
(c) Name of hospital or institution: St. Johns Hospital
(d) Length of stay: In hospital or institution (Specify whether)

In this community _____ years, months or days

3. (a) PRINT FULL NAME

Elmer Miller

3. (b) If veteran, name war _____

3. (c) Social Security No. 489-246811

4. Sex Male
5. Color of hair Blue
6. (a) Single, widowed, married, divorced, or widowed
6. (b) Name of husband or wife: Susan Miller
6. (c) Age of husband or wife if alive: 35 years
7. Birth date of deceased: Feb 19, 1906

8. AGE:	Years	Months	Days	If less than one day
	47	1	15	hr. min.

9. Birthplace: Waverly Missouri

10. Usual occupation: Gardening

11. Industry or business: Business

MOTHER FATHER

12. Name: Stephen Miller

13. Birthplace: Iowa

14. Maiden name: Thelma Walker

15. Birthplace: Iowa

16. (a) Informant: Susan Miller

(b) Address: R#1 Ozonoga, Mo

17. (a) Burial (Burial, cremation, or removal)
(b) Date thereof: April 6, 1943
(c) Place: burial or cremation: Weaver Cemetery

18. (a) Signature of funeral director: [Signature]

(b) Address: [Address]

19. (a) 4-6-43 (Date received local registrar)
(b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Ozonoga
(d) Street No. R#1
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3 year 1943 hour 1:45 minute P.M.

21. I hereby certify that I attended the deceased from March 25, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage
Due to: Prostate Resection
Due to: 1943

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

Major findings: Prostate Resection
Of operations: [Signature]
Of autopsy: 1378

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, or in public place? _____

23. Signature: [Signature]
Address: [Address]
Date signed: 4/5/43

43-4-361

APR 26 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 myself

....., Registered Apprentice No.
working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.