

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 41

Primary Registration District No. 30 75

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Dexter
(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 _____ (Specify whether)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 105
(c) City or town Dexter 9
(If outside city or town limits, write "RURAL") 7
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME William Miller

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

4. Sex Male 5. Color of face White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Florence Miller 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased March 9 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 2 Days 3 If less than one day
hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER { 12. Name John C. Miller
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Mahala Hodge
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant C. C. Miller
(b) Address Dexter, Mo.

17. (a) Burial (b) Date thereof 5/14/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dexter, Mo.

18. (a) Signature of funeral director Blankenship-Strickland
(b) Address Dexter, Mo.

19. (a) 5-14-43 (b) Nora Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1943 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from May 1939 to May 1943
that I last saw him alive on May 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular heart disease
Mitral Regurgitation

Due to _____
Due to _____ 92b
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 H. L. Smith (M. D. or other) _____
Address Dexter, Mo. Date signed 5-14-43

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

1134

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2.

District File Number 643-774

Date Filed 6-7-48

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 _____

Licensed Embalmer No. 3479

P. O. Address Repton, 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.