S. No. 2
M—5-42
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X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 12 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21650

Registration District No. 137 | Primary Registration District No. 3028 | Registrar's No. 122

49 / 3

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 403 S. River Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: - - - (Specify whether years, months or days)
In this community: 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Carthage
(If outside city or town limits, write "RURAL")
(d) Street No.: 403 S. River Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: - - -

3. (a) PRINT FULL NAME: Daniel Miller
3. (b) If veteran, name war: No
3. (c) Social Security No. 507-09-4982
4. Sex: Male
5. Color or race: Colored
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Pearl Miller
6. (c) Age of husband or wife if alive: - - years
7. Birth date of deceased: December (Month) 31 (Day) 1879 (Year)

8. AGE: Years 63 | Months 5 | Days 24 | If less than one day: hr. min.

9. Birthplace: Greenfield (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired Plasterer
11. Industry or business: None
FATHER
12. Name: George Miller
13. Birthplace: Greenfield (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Jennie Long
15. Birthplace: Greenfield (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs. Pearl Miller
(b) Address: 403 S. River, Carthage, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 29, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Cedar Hill Cemetery
18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Missouri
19. (a) June 28 '43 (Date received local registrar) (b) Elizabeth Coupline (Registrar's signature)

1203 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1943 hour 7:15 minute P M.
21. I hereby certify that I attended the deceased from June 24, 1943 to June 26, 1943 that I last saw him alive on June 26, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Myocarditis	
Due to: Alcoholism Chronic	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: K. E. Baker (M. D.)
Address: Carthage Mo. Date signed 6-28-43

48-6-5-58

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 John D Batchelder

Licensed Embalmer No. 4153

P. O. Address Carthage Me

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.