No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22021

State File No.

FILED JUL 10 1943

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 93

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

1. PLACE OF DEATH:
(a) County Moniteau Co,
(b) City or town California, Mo. ~~Walker~~
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 1 ~~24~~ Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau 68
(c) City or town California, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. City /
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Albert Bright Miller

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife 168 Nola J. Miller

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Dec (Month) 14 (Day) 1858 (Year)

8. AGE: Years 84 Months 5 Days 27 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James C. Miller
13. Birthplace (City, town, or county) Penn / (State or foreign country)

MOTHER
14. Maiden name UnKnown
15. Birthplace (City, town, or county) UnKnowm 9 (State or foreign country)

16. (a) Informant Lawrence Hatfield
(b) Address California, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June.12.43 (Month) (Day) (Year)
(c) Place: burial or cremation New Zine Cemt

18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California. Mo.

19. (a) 6-11-43 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1943 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from June 10 1943, to June 10 1943 that I last saw him alive on June 10 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings:
Of operations

Of autopsy

Duration

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 [signature] (M.D. or other) D.O
Address California Date signed 6/11/43

1312

(Licensed Embalmer's Statement on Reverse Side)

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 Earl R. Bowlin

Licensed Embalmer No. 2126

P. O. Address California, 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.