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M—9-4-41
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FILED JUL 9 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 17

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

71
1
0

1. PLACE OF DEATH:
(a) County MORGAN.
(b) City or town VERSAILLES.
(If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether
In this community 8 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County MORGAN.
(c) City or town VERSAILLES. 71
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country 0

3. (a) PRINT FULL NAME CHARLES TURNER MILLER.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M. O
5. Color or race W.
6. (a) Single, widowed, married, divorced WIDOWED.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MAR. (Month) 21, (Day) 1862. (Year)

8. AGE: Years 81, Months 2, Days 19. If less than one day hr. min.

9. Birthplace ROCKINGHAM Co., (City, town, or county) VA. 1 (State or foreign country)
10. Usual occupation FRMING. (RETIRED.)
11. Industry or business FARM.
FATHER
12. Name JACOB MILLER.
13. Birthplace No RECORD. 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name No RECORD.
15. Birthplace No RECORD. 9 (City, town, or county) (State or foreign country)
16. (a) Informant MRS. H. V. HUNTER.
(b) Address VERSAILLES, MO.
17. (a) BURIAL. (Burial, cremation, or removal) (b) Date thereof 6 (Month) 12 (Day) 43. (Year)
(c) Place: burial or cremation TIPTON, MO.
18. (a) Signature of funeral director [illegible]
(b) Address Versailles Mo.
19. (a) 6-10-1943 (Date received local registrar) (b) Roy Berkstresser (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 9TH. year 1943. hour 11: minute 05 P. M.
21. I hereby certify that I attended the deceased from June 9, 1943, to June 9, 1943 that I last saw him alive on June 9-th, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	4 hrs
Due to 94 a	
Due to	
Other conditions Arterial Sclerosis (Include pregnancy within 3 months of death)	unknown

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 0

23. Signature A J Gunn (M. D. ~~or other~~)
Address Versailles Mo Date signed 6-10-43

1029

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 6-43-613
Date Filed 7-8-43

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 H. T. Tidwell

Licensed Embalmer No. 1596

P. O. Address Versailles 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.