No. 2
-4-13-40
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24415

FILED AUG 5 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 791

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mercy Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hospital-1day (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 38

(c) City or town King City, 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.R.#3
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME William Miller

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Minnie Miller.

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased April (Month) 5 (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	3	0	hr. min.

9. Birthplace Willowbrook. (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Retired Farmer.

11. Industry or business Farm.

FATHER
12. Name Louis Miller.
13. Birthplace (City, town, or county) Germany. 4 (State or foreign country)

MOTHER
14. Maiden name Friedricka Kendzel
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs Minnie Miller.
(b) Address R.R.3 King City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/43 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Herman Wm Sidenfaden.
(b) Address 1802 Union St. St Joseph, Mo

19. (a) 7-19-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1943 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from July 13, 1943, to July 14, 1943; that I last saw him alive on July 14, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
DIABETIC GANGRENE	10 DAYS
SENILITY	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

61

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 [signature] (M. D. or other) D.O
Address 823 FARAON ST Joseph Mo Date signed 7-15-43

1833

(Licensed Embalmer's Statement on Reverse Side)

APR 5 1945

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 Herman Wm Sidenfaden

Licensed Embalmer No. 2728

P. O. Address St Joseph Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.