

FD SEP 7 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 3012

Registrar's No. 306

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

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Elms Hotel 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether \_\_\_\_\_)

In this community 1 day  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town Saint Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. Woodbine Hotel 9  
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM HERMAN MILLER

3. (b) If veteran, name war World War I 3. (c) Social Security No. 494-03-4907

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>53</u>	<u>unknown</u>	<u>unknown</u>	hr. _____ min. _____

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

10. Usual occupation Petersen Trel Co. St. Louis

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name unknown 9

13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name unknown 9

15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert Hope

(b) Address Excelsior Springs

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-4-43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director Herbert Hope

(b) Address Excelsior Springs Mo

19. (a) 8-4-43 (Date received local registrar) Mrs. Madeline Redmond (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2<sup>nd</sup> year 1943 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ that I last saw him \_\_\_\_\_ on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration \_\_\_\_\_

Due to Coronary

Due to Coronary

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations Coronary

Of autopsy Coronary

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) Coronary Thrombosis

(b) Date of occurrence 8-2-1943

(c) Where did injury occur? Elms Hotel, Excelsior Springs, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury Coronary

23. Signature R. W. Proctor (M. D. or other) \_\_\_\_\_

Address Excelsior Springs Mo. Date signed 8-4-43

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed.....

9-3-43

MAR 1 1944

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 *Chas. Virgil Hope*.....

Licensed Embalmer No. *3950*.....

P. O. Address *Excelsior Spring*.....

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.