S. No. 2
DM—2-43
5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31728

FILED OCT 7 1943

Registration District No. 1943 Primary Registration District No. 3023 Registrar's No. 181

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wetzel Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 da 0 (Specify whether
In this community 2 da
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County HENRY
(c) City or town — RURAL 042
(If outside city or town limits, write "RURAL")
(d) Street No. CLINTON RFD 6 0
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country — 0

3. (a) PRINT FULL NAME INFANT SON OF MR. AND MRS. MILTON A. MILLER JR.
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced —0
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Sept. (Month) 12 (Day) 1943 (Year)

8. AGE: Years 0 Months 0 Days 2 If less than one day hr. min.

9. Birthplace Clinton (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation none.
11. Industry or business none
FATHER
12. Name Milton A. Miller Jr.
13. Birthplace Warrensburg (City, town, or county) Mo 0 (State or foreign country)
MOTHER
14. Maiden name Juanita Gorden
15. Birthplace Denver (City, town, or county) Colo. (State or foreign country)
16. (a) Informant Milton A. Miller
(b) Address Clinton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 14-43 (Month) (Day) (Year)
(c) Place: burial or cremation Englewood Cem.
18. (a) Signature of funeral director Fred E. Wilkinson
(b) Address Clinton Mo.
19. (a) Sept. 14 1943 (Date received local registrar) Georgia Kitchen (Registrar's signature) D.R.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14th year 1943 hour minute M.
21. I hereby certify that I attended the deceased from Sept 12 1943 to Sept 13 1943; that I last saw him alive on Sept 13 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature birth 6 1/2 mo —	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 159	

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?
While at work? (Specify type of place) (e) Means of injury
23. Signature Geo L Mizel D.O. (M.D. or other)
Address Clinton missouri Date signed 9-14-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
9-43-1024
10-7-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.