S. No. 2
—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

34738

State File No.

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 852

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Rural, N. Campbell Twp. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Route #6
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME JAMES CHARLES MILLER

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex MALE
5. Color or race White
6. (a) Single, widowed, married, divorced Inf.
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased 10 (Month) 10 (Day) 43 (Year)

8. AGE: Years 0 Months 0 Days 5 If less than one day hr. min.

9. Birthplace Springfield (City, town, or county) Mo O (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name James H. Miller
13. Birthplace Springfield (City, town, or county) Mo O (State or foreign country)
MOTHER
14. Maiden name Agnes Ann Griffith
15. Birthplace Springfield (City, town, or county) Mo O (State or foreign country)
16. (a) Informant Mrs. Charles Griffith
(b) Address Willard, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-16-43 (Month) (Day) (Year)
(c) Place: burial or cremation Clear Creek Cemetery
18. (a) Signature of funeral director Elma Lohmeyer Funeral Home
(b) Address Springfield Mo
19. (a) 10-18-43. (Date received local registrar) (b) Dr W E Hardley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15 year 43 hour 8:25 minute A. M.

21. I hereby certify that I attended the deceased from Oct 10, 1943 to Oct 15, 1943 that I last saw him alive on Oct 14, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Deformity Gastro-Intestinal Tract. Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 15 M

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) M.D.
Address Springfield Mo. Date signed Oct 17 43

784 (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.....Not Embalmed.....

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.