

V. S. No. 2
100M-2-43
Rev. 5-17-39
1 X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3225

FILED FEB 1 1944

State File No. _____

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 9

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
30th & Jackson St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 30th & Jackson Sts.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Arthur Miller
3. (b) If veteran, name war _____
3. (c) Social Security No. NO

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 November 7, 1942
(Month) (Day) (Year)

8. AGE: Years 1 Months 1 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Barry County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

MOTHER, FATHER { 12. Name Harry Miller
13. Birthplace Barry County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Dollie Denton
15. Birthplace Franklin County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Miller
(b) Address Joplin Mo 30th & Jackson

17. (a) Burial (b) Date thereof 1-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OSBORNS MEM. CEM. Hurlbut Unga. Co.

18. (a) Signature of funeral director Joplin, Missouri
(b) Address _____

19. (a) 1-3-44 (b) Gutierrez
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2
year 1944 hour 8:55 P. M. 8 minute _____ M.
21. I hereby certify that I attended the deceased from Dec 19
1943 to Jan 2 1944
that I last saw him alive on Jan 1 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Cardiac Failure Duration _____

Due to marasmus
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 119a
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 Jan 2, 1944
(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 Dr. M. E. G... (Date signed Jan 3, 44)
Address 411-12 Third St

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

19
2
5

1204

44-1-18

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: *Paul K. Hurlbut*
Licensed Embalmer No. *919*
P. O. Address: *Spencer Mass*

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.