. No. 2
1—2-43
5-17-39
I X35697

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. 4579

FILED FEB 11 1944

Registration District No. 3184 Primary Registration District No. 3072 Registrar's No. 25

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 672 So. O'Dell Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 1 yr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Saline 97
(c) City or town Marshall Mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No. 672 So. O'Dell Ave. 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Calvin Miller.
3. (b) If veteran, name war No.
3. (c) Social Security No. No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 0
6. (b) Name of husband or wife Mary Jane Miller
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 28. (Day) 1870. (Year)

8. AGE: Years 73 Months 3 Days 26 If less than one day hr. min.
9. Birthplace (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Railroad Labor.
11. Industry or business
FATHER
12. Name James Henry Miller
13. Birthplace (City, town, or county) Mo. (State or foreign country) 0
MOTHER
14. Maiden name Nancy Narron.
15. Birthplace (City, town, or county) Mo. (State or foreign country) 0
16. (a) Informant Mrs Allie E. Miller
(b) Address Marshall Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 26. 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Carmel.
18. (a) Signature of funeral director Willis-Marshall.
(b) Address Carrollton Mo.
19. (a) Jan 24-44 (Date received local registrar) (b) Mo T. D. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24 year 1944 hour 5 minutes 30 P.M.
21. I hereby certify that I attended the deceased from June 15, 1943 to Jan. 24, 1944, that I last saw him alive on Jan. 24, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Ascending Paralysis.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
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 H. G. Putnam (M. D. or other)
Address Marshall Mo. Date signed 1-24-44

1215

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 2-9-44

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 Myself, Registered Apprentice No....., working under my personal supervision.

Signed P. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton Mo.

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.