S. No. 2
M—5-42
v. 5-17-39
I X32873

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. 11011

FILED APR 13 1945

Registration District No. 1241 Primary Registration District No. 4200 Registrar's No. 31

39 1 0

1. PLACE OF DEATH:

(a) County Greene

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

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

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 1-Yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene

(c) City or town Ash Grove (If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) If yes, name country 0

3. (a) PRINT FULL NAME Henry Edgar Miller

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Leila Miller

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased 8 (Month) 26 (Day) 1890 (Year)

8. AGE: Years 54 Months 7 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation Salesman

11. Industry or business .....

MOTHER FATHER

12. Name Joe Miller

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

14. Maiden name /

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

16. (a) Informant Mrs. Leila Miller

(b) Address Ash Grove Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3.30.1944 (Month) (Day) (Year)

(c) Place: burial or cremation Ash Grove Cem—

18. (a) Signature of funeral director Morris E Leiman

(b) Address Ash Grove Mo

19. (a) 3-30-44 (Date received local registrar) (b) J W Birch (Registrar's signature)

12 54

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1944 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 27, 1944 to March 29, 1944 that I last saw him alive on March 27, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculosis (Pulmonary, Laryngeal, Intestinal	6 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

13 P1

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 Dr. Charles H. Orr (M. D. or other) MD

Address Ash Grove Mo Date signed 3-29-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Officer
County Number 44-4-32
Date Filed 4-10-44

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Maude O. Morris

Licensed Embalmer No. 2055

P. O. Address Ash Grove 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.