

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

11919
Do not use this space.

FILED APR 8 1944

1. PLACE OF DEATH

(a) County St. Clair Registration District No. 312
 (b) Township Buxter Primary Registration District No. 4457
 (c) City Louisy City Mo. (d) Street No. 1
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 58 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Calvin Melancthon Miller

(a) Residence, No. Louisy City St. Clair Co. Mo. St. (If nonresident, give city or town and State) 0
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Agnes Hearndon Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>84</u>	<u>9</u>	<u>27</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Stackman

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY) Henry Co. Missouri

MOTHER

FATHER

13. NAME James H. Miller

14. BIRTHPLACE (CITY OR TOWN) Not Given (STATE OR COUNTRY) Penn.

15. MAIDEN NAME Hettie Heakley

16. BIRTHPLACE (CITY OR TOWN) Not Given (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Helene M. Armstrong Louisy City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Louisy City Cemetery DATE 3/5/1944

19. FUNERAL DIRECTOR (NAME) H. C. Austin (ADDRESS) Louisy City Mo

20. FILED 3-20-1944 D. E. Logg, Minnie Foster Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 2, 1944

22. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1944 to Mar 2, 1944
 I last saw him alive on Mar 2, 1944 Death is said to have occurred on the date stated above, at 7:25 P. M.
 The principal cause of death and related causes of importance were as follows:
Aorta Insufficiency Date of onset

Other contributory causes of importance: 92a

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____ (Signed) C. J. Stratton M. D.
 (Address) Louisy City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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REGISTERED

State of North Dakota No. 7,

Registration No. 3-44-361

Date Filed 4-7-44

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 H. C. Austin.....

Licensed Embalmer No. 3609.....

P. O. Address Lowry City, 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, above space should be left blank.