DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 20 1944

Registration District No. 2372

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26004

Primary Registration District No. 4343

Registrar's No. 9

1. PLACE OF DEATH:

(a) County: Webster

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

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

(d) Length of stay: In hospital or institution: 1 (Specify whether years, months or days)
In this community: 80 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Webster

(c) City or town: Seymour 112
(If outside city or town limits, write "RURAL")

(d) Street No.: 0
(If rural, give location) 0

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

3. (a) PRINT FULL NAME: JOHN B 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: Lollie Emma Miller

6. (c) Age of ~~husband or~~ wife if alive: 47 years

7. Birth date of deceased: 2 (Month) 16 (Day) 1856 (Year)

8. AGE: Years 88 | Months 3 | Days | If less than one day ___ hr. ___ min.

9. Birthplace: unknown (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation: Retired business man

11. Industry or business:

MOTHER FATHER

12. Name: Jas. Wesley Miller

13. Birthplace: Tenn. (City, town, or county) (State or foreign country)

14. Maiden name: Sarah Dodson

15. Birthplace: Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Mind Rippe

(b) Address: Rogersville, Mo.

17. (a) Burial (Burial, cremation, removal) (b) Date thereof: 5 18 44 (Month) (Day) (Year)

(c) Place: burial or cremation: Seymour, Mo.

18. (a) Signature of funeral director: K. K. Kelley

(b) Address: Seymour, Mo.

19. (a) July 8 (Date received local registrar) (b) Hilbert Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 16 year: 1944 hour: 2 minute: 45 P.M.

21. I hereby certify that I attended the deceased from 3-5, 1944, to 5-14, 1944, that I last saw him alive on 5-14, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Anemia	
Due to: Arteriosclerosis	
Due to: Age	
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: [illegible] M. D. or other)

Address: Seymour, Mo. Date signed: 7-7-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 744-817
Date Filed JUL 13 1944

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. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Seymour Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Aug

Registration District No. 372 Primary Registration District No. 4543 Registrar's No. 9

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Seymour
(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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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

3. (a) PRINT FULL NAME John B. Miller

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 2 Feb (Month) 16 (Day) 1855 (Year)

8. AGE: Years 88 Months 3 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1944 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia chr

Due to arteriosclerosis

Due to age

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 E. G. Beers (M. D. or other)

Address Date signed 8-14-44

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK

26004