

S. No. 2
M-8-43
v. 5-17-39
I X37823

28256

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 7 1944

Registration District No. 206 Primary Registration District No. 6740 Registrar's No. 43

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Rural Central
(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 Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Madison
(c) City or town Fredericktown, Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Archie Graden Miller
3. (b) If veteran, name war no
3. (c) Social Security No. 495-16-4456

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 4th
year 1944 hour 7 minute A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or face W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Goldie Miller
6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased March 15 1912
(Month) (Day) (Year)

Immediate cause of death Barium poisoning
due to a head-ga. Fredericktown
Milling Co. Mo.
Due to Chest crushed

8. AGE: Years Months Days If less than one day
32 4 19 hr. _____ min.

Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace Madison Co. or adjoining
(City, town, or county) (State or foreign country)
10. Usual occupation Truck driver

PHYSICIAN
Underline the cause to which death should be charged statistically.
1700-6
22

11. Industry or Business Fredericktown Milling Co.
12. Name John Miller
13. Birthplace Madison Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Brown
15. Birthplace Delaware Mines, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Goldie Miller
(b) Address Fredericktown, Mo.
17. (a) Burial (b) Date thereof 8-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation mission cemetery near

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident No. 9
(b) Date of occurrence Aug. 4 - 1944
(c) Where did injury occur 12 mi. S. Fredericktown, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway

18. (a) Signature of funeral director Fredericktown, Mo.
(b) Address Fredericktown, Mo.
19. (a) Aug 5 1944 (b) S. C. Slaught
(Date required local registrar) (Signature of Registrar)

While at work? yes (c) Means of injury Dark Truck
23. Signature Marion McDonald (M.D. or other)
Address Fredericktown, Mo. Date signed 8/5/44

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

62
0
0

RECEIVED

District Health Officer No. 4
District File Number 944-4261
Date Filed 9-6-44

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.....

John H. Holt

Licensed Embalmer No. 4264

P. O. Address Fredericktown, Md.

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.