S. No. 2
4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41180

Registration District No. 128 FILED JAN 10 1945

Primary Registration District No. 2000

Registrar's No. 958

39
2
6

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 1245 West Grand
(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 2 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6

(d) Street No. 1245 West Grand St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William C. Miller

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex 0 male

5. Color or race White

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

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

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

7. Birth date of deceased June, 17, 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	77	6	8	hr. min.

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

10. Usual occupation retired farmer

11. Industry or business

FATHER
12. Name Jesse Miller,
13. Birthplace UNK. (City, town, or county) Tenn. 1 (State or foreign country)

MOTHER
14. Maiden name Mary Johnson
15. Birthplace UNK. (City, town, or county) Tenn 1 (State or foreign country)

16. (a) Informant Mrs. Sarah Miller
(b) Address 12 West Grand Springfield, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Dec. 26, 44 (Month) (Day) (Year)
(c) Place: burial or cremation Union Ridge

18. (a) Signature of funeral director T.W. Maples
(b) Address Clever, Mo.

19. (a) 12-26-44 (Date received local registrar) (b) 5 W S Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25
year 1944 hour 3:00 minute A.M.

21. I hereby certify that I attended the deceased from Dec 24, 1944, to Dec 24, 1944
that I last saw him alive on Dec 24, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr Myocarditis	
Due to	
Due to 93d	
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 A. D. Vail (M. D. or other) MD
Address Springfield Mo Date signed 12/26/44

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(Licensed Embalmer's Statement on Reverse Side)

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 J W Maples

Licensed Embalmer No. 2985

P. O. Address Clever Mo

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

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