S. No. 2
M—5-42
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P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1945

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

Dr. E. Glenn

State File No. 9687

Registrar's No. 233

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: 718 E. Grand
(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: 25 Years

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No.: 718 E. Grand
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: William M. Miller

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Minnie Miller

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

7. Birth date of deceased: Feb. (Month) 28, (Day) 1862 (Year)

8. AGE: Years	Months	Days	If less than one day
83	0	20	hr. min.

9. Birthplace: Ava (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: U.S. Marshall

MOTHER FATHER

12. Name: Henry H. Miller

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

14. Maiden name: Lucinda King

15. Birthplace: Douglas County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Minnie Miller

(b) Address: Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/45 (Month) (Day) (Year)

(c) Place: burial or cremation: Hazelwood

18. (a) Signature of funeral director: H.H. Lohmeyer

(b) Address: Springfield, Mo.

19. (a) 3-20-45 (Date received local registrar) (b) W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1945 hour 11 minute 30 a.m.

21. I hereby certify that I attended the deceased from March 18 34, 19..., to 3 18, 1945, that I last saw him alive on March 18, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cyanosis	Few hours
Due to: Arteriosclerosis	Several years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

83 W

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. E. Glenn (M. D. or other)

Address: Springfield, Mo. Date signed 3/19/45

(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.....Walter E. Hamilton

Licensed Embalmer No.....3868

P. O. Address.....Springfield 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.