

S. No. 2
M-8-43
5-17-39
P1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13687**
Registrar's No. **44**

Registration District No. **155** Primary Registration District No. **3127**

19
6
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **Jasper**
(b) City or town **Webb City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Jane Chinn Hospital** (1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 days** (Specify whether
In this community **40 years** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper** 49
(c) City or town **Oronogo** (1)
(If outside city or town limits, write "RURAL") (1)
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **N** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **William M. Miller**
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **15**
year **1945** hour **3:30** minute **A.** M.
21. I hereby certify that I attended the deceased from **4-6**, 19**45**, to **4-15**, 19**45**.
that I last saw him alive on **4-15**, 19**45** and that death occurred on the date and hour stated above.

4. Sex **Male** (1) 5. Color or race **W.**
6. (a) Single, widowed, married, divorced **widowed**
6. (c) Age of husband or wife if alive years
7. Birth date of deceased **Nov. 27, 1862**
(Month) (Day) (Year)

Immediate cause of death **Cerebral Hemorrhage** Duration
Due to
Due to

8. AGE: Years **82** Months **4** Days **18** If less than one day hr. min.

Other conditions (Include pregnancy within 3 months of death)
Major findings: **(3a)**
Of operations
Of autopsy

9. Birthplace **St. Louis, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Retired Merchant**

11. Industry or business **Unknown**

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Hospital**

(b) Address **Webb City, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4/17/45.** (Month) (Day) (Year)

(c) Place: burial or cremation **Oronogo, Mo.**

18. (a) Signature of funeral director **Hedge Lewis**

(b) Address **Webb City, Mo.**

19. (a) **Apr. 17, 1945 Mrs. Willie Dyer** (Date received local Registrar) (Registrar's signature)

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?

While at work? (Specify type of place) (e) Means of injury
23. Signature **W.D. [Signature]** (M.D. or other)
Address **Webb City, Mo.** Date signed **4/17/45**

1180 (Licensed Embalmer's Statement on Reverse Side)

45-4-375

Slaughter

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

Richard Gray Lewis, Registered Apprentice No. *365*
working under my personal supervision.

Signed *C. N. Hedger*

Licensed Embalmer No. *2859*

P.O. Address *Webb 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, fact should be so stated above.