V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 5 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21583

Registration District No. 368 Primary Registration District No. 6248 Registrar's No. 8

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Rural Richwood Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. — Blackwell, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Washington
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. Blackwell, Mo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Richwood Twp

3. (a) PRINT FULL NAME Henry Y. 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 Widowed
6. (b) Name of husband or wife Susie Hester Brewin
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased Oct. 24, 1869 (Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 26 If less than one day ___ hr. ___ min.

9. Birthplace Terre Haute Indiana (City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business ✓
FATHER
12. Name Jacob Miller
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant J. C. Miller
(b) Address Star Rt. West, DeSoto, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-45 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn, DeSoto, Mo
18. (a) Signature of funeral director J. Lee Mothershead
(b) Address DeSoto, Mo.
19. (a) 6/13 45 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1945 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from [illegible] 19[illegible] to June 1945
that I last saw him alive on June 2 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina Pectoris	
Due to Arteriosclerosis	
Due to	
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 none
23. Signature [signature] (M.D. or other)
Address Richwood Date signed 6-13-45

1359

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 745-761

Date Filed 7-3-45

JUL 9 1945

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 Joe Mottershead

Licensed Embalmer No. 3531

P. O. Address DeSoto 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.