

U.S. No. 2
 FORM-2-43
 Rev. 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

38733

FILED DEC 3 1945 **STANDARD CERTIFICATE OF DEATH**

State File No. _____

Registration District No. 336

Primary Registration District No. 4492

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Scott
 (b) City or town Oran
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: L
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community 45 yrs
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Scott
 (c) City or town Oran
 (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 Frank C Miller
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month 11 day 26
 year 1945 hour 5 minute 30 a.m.
 21. I hereby certify that I attended the deceased from 11-10, 1945 to 11-26, 1945
 that I last saw him/alive on 11-25, 1945
 and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Apr (1 1866)
 (Month) (Day) (Year)

Immediate cause of death Chronic Endocardity ?
 Duration _____

8. AGE: Years 79 Months 7 Days 25 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions Artificial ?
 (Include pregnancy within 3 months of death)

9. Birthplace Ham Hamburg Mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation Notary Public

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business _____
 12. Name Joseph Miller 5
 13. Birthplace France (State or foreign country)
 14. Maiden name Elizabeth (Kilmer) Letter
 15. Birthplace Belgium 4
 (City, town, or county) (State or foreign country)

16. (a) Informant Ed Burger
 (b) Address Oran Mo
 17. (a) Burial (b) Date thereof 11-28-45
 (Burial, cremation, or removed) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Oran Mo
 18. (a) Signature of funeral director Feigener Fun Home
 (b) Address Oran Mo
 19. (a) 11/20/45 (b) W. P. Slickman
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature W. C. Cline (M. D. or other)
 Address Oran Mo Date signed 11/26/45

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

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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: *Raymond Crews*
Licensed Embalmer No. *3467*
P. O. Address: *Sebaston 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.