

FILED FEB 11 1946 STANDARD CERTIFICATE OF DEATH

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 137

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Memorial Home 1120 Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 years
In this community life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
(c) City or town St. Joseph /
(If outside city or town limits, write "RURAL") 7
(d) Street No. 1120 Main (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME William Henry Miller

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Jennie H. Miller 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased August 2 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 5 29 hr. min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation live stock commisioner

11. Industry or business

12. Name William H. Miller
13. Birthplace unknown Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Wilhelmina Bode
15. Birthplace unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Memorial Home Records
(b) Address St. Joseph, Mo.

17. (a) burial (b) Date thereof 2/ 2/ 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora

18. (a) Signature of funeral director Walter B. Bales & Bauman

(b) Address St. Joseph, Mo.

19. (a) Feb. 6, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31
year 1946 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 28 1946 to Jan 31 1946
that I last saw him alive on Jan 28 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerosis general
arteriosclerotic heart disease

Due to Coronary Thrombosis 1-31-46

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

Major findings: Of operations [Signature]
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 [Signature] (M. D. or other) _____
Address St. Joseph Mo Date signed 2-1-46

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

San. East Division
7223 Francis

DEC 1 1958

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 *Frank A. Bourne*

Licensed Embalmer No. 1710

P. O. Address St Joseph 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.