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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 4 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6421

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 22

1. PLACE OF DEATH:
(a) County: Macon
(b) City or town: Macon (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Samaritan Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 11 days (Specify whether years, months or days) In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Macon 61
(c) City or town: Excello Mo (If outside city or town limits, write "RURAL")
(d) Street No.: (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: James 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: Married
6. (b) Name of husband or wife: Hazel Miller
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Nov. (Month) 30 (Day) 1890 (Year)
8. AGE: Years 55 Months Days 18 If less than one day hr. min.
9. Birthplace: Macon Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Mail Carrier
11. Industry or business:
FATHER 12. Name: James M. Miller
13. Birthplace: Mo (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Amanda Page
15. Birthplace: Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Hazel Miller
(b) Address: Excello Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-20-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Salem
18. (a) Signature of funeral director: A. Skinner
(b) Address: Macon
19. (a) 1-30-46 (Date received local registrar) (b) Pat McNeely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18 year 1946 hour 4:30 minute a M.
21. I hereby certify that I attended the deceased from Jan 7, 1946 to Jan 18, 1946 that I last saw him alive on Jan 17, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Embolism of rt lung	
Due to: Traumatic to head Face & Chest	
Due to: Struck by automobile on highway while driving horse drawn cart	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: No
Of autopsy: No

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): Accident 61
(b) Date of occurrence: Jan 7 1946
(c) Where did injury occur? Near Excello Macon Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On highway Near Excello (Specify type of place)
While at work: yes (e) Means of injury:
23. Signature: T. P. Gronoway (M. D.)
Address: Macon Mo Date signed 1/27/46

180 (Licensed Embalmer's Statement on Reverse Side)

MAR 6 1953

MAR 4 1946

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.....

Licensed Embalmer No.....

P. O. Address.....

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.