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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9094

State File No.

FILED MAR 27 1946

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 239

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1703 W. Chestnut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 2 yr

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

3. (a) PRINT FULL NAME JASPER MILLER
3. (b) If veteran, name war Unk.
3. (c) Social Security No. Unk.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unk.
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased Mar. 18 1866 (Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 29 If less than one day hr. min.

9. Birthplace Unk. Indiana (City, town, or county) (State or foreign country)
10. Usual occupation Farmer Retired
11. Industry or business
FATHER
12. Name Noah Miller
13. Birthplace Unknown Unk. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown Unk. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. C. L. Jones
(b) Address 1703 W. Chestnut Springfield Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date (thereof) 3-11-46 (Month) (Day) (Year)
(c) Place: burial or cremation Charity Cemetery
18. (a) Signature of funeral director L. B. Jones
(b) Address Buffalo, Mo.
19. (a) 3-11-46 (Date received local registrar) (b) W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 10 year 1946 hour 10:00 minute 00 A.M.
21. I hereby certify that I attended the deceased from ~~March~~ Feb. 24 1946 to March 10 1946 that I last saw him alive on March 9 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration
Due to Hypertensive Cardio-Vascular
Due to Renal-Disease

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?
While at work? (Specify type of place) (e) Means of injury
23. Signature D. F. Yoell (M. D. or other) DO
Address Springfield, Mo. Date signed 3/11/46

(Licensed Embalmer's Statement on Reverse Side)

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

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 Leonard B. Jones

Licensed Embalmer No. 25708

P. O. Address Buffalo 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.