S. No. 2
OM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 13 1946

State File No. 16133

Registration District No. 82 Primary Registration District No. 5314 Registrar's No. 5

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Rural, Prairie Home
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether In this community 10 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 3 Mi. North Prairie Home
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country Native

3. (a) PRINT FULL NAME John Andrew 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 Rosie Miller

6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased September, 12th. 1878 (Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace Cooper County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Henry Miller
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Bestgen
15. Birthplace Tipton, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Raymond Miller (Son)

(b) Address Syracuse, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/46 (Month) (Day) (Year)

(c) Place: burial or cremation Tipton Catholic Cemetery

18. (a) Signature of funeral director Junnie E. Richards

(b) Address Tipton, Mo.

19. (a) 5-2-46 (Date received local registrar) (b) Dr. A. L. Meredith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd year 1946 hour 4 minute 15 P M.

21. I hereby certify that I attended the deceased from March 2nd, 1946, to May, 2nd, 1946 that I last saw him alive on May, April, 30th, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Right Testicle and Peritoneum	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Carcinoma Right Testicle and Peritoneum

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 A. L. Meredith (M. D. or other) Rural

Address Prairie Home Mo Date signed 5-2-46

72 (Licensed Embalmer's Statement on Reverse Side)

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 Jennee E. Richards,

Licensed Embalmer No. 2466

P. O. Address Tipton, 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.