

S. No. 2
M-5-43
5-17-39
I X36871

FILED JUL 9 1946

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 746

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:
1601 So. 10th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 years (Specify whether years, months or days)

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")
(d) Street No. 1601 So. 10th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Morton Miller
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June Day 25 Year 1946 hour 2 minute _____ P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Minnie Maybelle
(c) Age of husband or wife if alive 8 years 1868
7. Birth date of deceased: February (Month) 8 (Day) 1868 (Year)

21. I hereby certify that I attended the deceased in room June 16, 1946, to June 25, 1946, that I last saw him alive on June 20, 1946, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
78 4 17 hr. min.

Immediate cause of death:
Coronary occlusion
arterio-sclerosis (last known)

9. Birthplace: Monroe County Indiana
(City, town, or county) (State or foreign country)

Due to Coronary occlusion 6-25-46
Due to _____

10. Usual occupation: Express Man; Retired

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

11. Industry or business: Railway Express Co.

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

12. Name: Sampson Miller
13. Birthplace: Gosport Indiana
(City, town, or county) (State or foreign country)

14. Maiden name: Martha Lindsay
15. Birthplace: Spencer Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant: Merle Miller
(b) Address: Kansas City, Kansas

17. (a) Burial (b) Date thereof: June 27/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cem.

18. (a) Signature of funeral director: Horton Reibel + Bowman
(b) Address: St. Joseph

19. (a) July 1, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____
23. Signature: J. P. Lewis (M. D. or other) [Signature]
Address: St. Joseph, Mo. Date signed: 6-26-46

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

MOTHER FATHER

JUL 23 1945

722710 B. 11.11.11

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 H. Morehead

Licensed Embalmer No. 4413

P. O. Address 319 So 10th St. Memphis, Tenn.

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.