V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 9 1946

State File No. 19547

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 743

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: 3624 So. 17th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community Lifetime
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. 3624 So. 17th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Micheal J. Miller

3. (b) If veteran, name war W.W.# 1

3. (c) Social Security No. 491-09-8947

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Ruth

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased December (Month) 1 (Day) 1895 (Year)

8. AGE: Years 50 Months 6 Days 25 If less than one day ____ hr. ____ min.

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

10. Usual occupation Brewer

11. Industry or business M.K.Goetz Brewing Co.

FATHER
12. Name John J. Miller
13. Birthplace St Joseph (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mary A. Fluger
15. Birthplace Brunswick (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mary Ruth Miller
(b) Address St Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-46 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Fleeman & Son Inc.
(b) Address St Joseph, Mo.

19. (a) June 29, 1946 (Date received local registrar) (b) [signature] (Registrar's signature) By V.N.H.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1946 hour 8 minute 30 P.M.

21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ on June 26, 1946 to ____, 19__;
that I last saw h____ alive on ____, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by Hanging

Due to ____

Due to ____

Other conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

Duration

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) Suicide
(b) Date of occurrence June 26, 1946
(c) Where did injury occur? St Joseph (City or town) Buchanan (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury Hanging

23. Signature B. W. Tadlock (M. D. or other) Coroner
Address King Hill Bldg St.Joseph, Mo. Date signed 6/27/46

(Licensed Embalmer's Statement on Reverse Side)

JUL 24 1945

JUL 10 1945

AUG 7 1945

MAR 10 1950

JUL 10 1945

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 .....

..... Resident Apprentice No. .....,

working under my personal supervision.

Signed Robert R Apple

Licensed Embalmer No. 3308

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.