V. S. No. 2
00M—8-43
Rev. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22892

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 250

14
1
2

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

21750

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hosp. #1 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 2-7-1946 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monitau 14 1

(c) City or town California 2
(If outside city or town limits, write "RURAL")

(d) Street No. 5
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

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

3. (b) If veteran, name war ?

3. (c) Social Security No. ?

4. Sex male D

5. Color or race white

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

6. (b) Name of husband or wife Marie Miller

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

7. Birth date of deceased June (Month) 3 (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
66		12	hr. min.

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

10. Usual occupation Care taker of Cemetery

11. Industry or business

FATHER
12. Name Joseph H. Miller
13. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Sophie Edir
15. Birthplace ? (City, town, or county) U (State or foreign country)

16. (a) Informant Hosp. records
(b) Address

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/16-46 (Month) (Day) (Year)
(c) Place: burial or cremation California Mo.

18. (a) Signature of funeral director A. E. Welsh
(b) Address California Mo.

19. (a) 7-22-1946 (Date received local registrar) (b) Josie Mousiek Coff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1946 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 27, 1946, to July 15, 1946; that I last saw him alive on July 15, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to Generalized arteriosclerosis

Due to

Other conditions Suffered Epileptiform Seizures many years
(Include pregnancy within 3 months of death)

Major findings
Of operations none

Of autopsy none granted

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)

(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 Forest Thomas (M. D. or other) from P.S. Tate

Address State Hosp. #1 of Fulton Date signed 7-15-46

58 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 6-46-72
Date Filed 6-7-46

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 A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California 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.