

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 21 1946 STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26168
Registrar's No. 26

Registration District No. 5 Primary Registration District No. 4016

1. PLACE OF DEATH:
(a) County Atchison
(b) City or town Tarkio
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22yrs
In this community 22yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Atchison
(c) City or town Tarkio
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HANNAH ADDIE MILLER
3. (b) If veteran, name war none
3. (c) Social Security No. ***

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife Samuel A. Miller
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased March 28 1865
(Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 7
If less than one day hr. min.

9. Birthplace Ossian Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER

12. Name W.H. Ashburn
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Susian Shivley
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lester Carson
(b) Address Tarkio, Mo.

17. (a) burial (b) Date thereof 8/6/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tarkio Home Cemetery

18. (a) Signature of funeral director Davis Funeral Home

(b) Address Tarkio, Mo.

19. (a) Aug 12-46 (b) Dr. H. D. Cunningham
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5
year 1946 hour 5 minute 30 a.m.

21. I hereby certify that I attended the deceased from Aug 3 - 46
Feb 1 - 46
that I last saw him alive on Aug 5 - 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Central Nervous System
Duration 3 1/2

Due to Scurvy
Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

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 17

23. Signature H. D. Cunningham (M. D. or other)
Address Tarkio, Mo. Date signed 8/6/46

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

23014

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Licensed Embalmer No..... 23 94

P. O. Address..... Tarkio, 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.