V. S. No. 2
00M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

FILED SEP 4 1946

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 26259

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 203

**1. PLACE OF DEATH:**
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone County Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days (Specify whether years, months or days)
In this community 6 Years

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Boone 10
(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")
(d) Street No. 815 E. Sunset Lane 4
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM GILBERT MILLER
3. (b) If veteran, name war Spanish-American
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laura Moss Miller
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 12 - 8 - 1871 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 74 | 8 | 8 | hr. min. |

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name William Miller
13. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Bridget Mooney
15. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. Wm. G. Miller
(b) Address 815 E. Sunset Lane, Columbia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-19-46 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cemetery
18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.
19. (a) Aug 19-46 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug. day 16 year 1946 hour 4 minute 50 A. M.
21. I hereby certify that I attended the deceased from Aug 6 1946 to Aug 16 1946 and that I last saw him alive on Aug 16 1946 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Cerebral hemorrhage | |
| Due to Hypertension | |
| Due to Arteriosclerosis | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
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 Harry M. Griffith (M. D. or other) M.D.
Address Columbia, Mo. Date signed 8/17/46

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

(Licensed Embalmer's Statement on Reverse Side)

SEP 27 1946

SEP 17 1946

SEP 20 1946

RECEIVED
District Health Officer No. 9
District File Number 9-46-18
Date Filed 9-3-46

## 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 Tom M. Haig

Licensed Embalmer No. 9867

P. O. Address Columbia, 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.**