S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 10 1946

State File No. 26900

Registration District No. 128 Primary Registration District No. 5465 Registrar's No. 682

1. PLACE OF DEATH:

(a) County: Greene

(b) City or town: Rural - N. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route # 6 Springfield, Mo. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 59 years

2. USUAL RESIDENCE OF DEACESED:

(a) State: Missouri (b) County: Greene 39

(c) City or town: Rural Springfield - N. Campbell Twp. 0
(If outside city or town limits, write "RURAL")

(d) Street No.: Route # 6 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: JAMES THOMAS MILLER

3. (b) If veteran, name war: UNK.

3. (c) Social Security No.: UNK.

4. Sex: male 0

5. Color or race: white

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

6. (b) Name of husband or wife: Hazel Miller

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

7. Birth date of deceased: February 4, 1886 (Month) (Day) (Year)

8. AGE: Years 60 ✓ Months 6 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace: Greene County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: .....

FATHER
12. Name: Charles E. Miller
13. Birthplace: Unknown Illinois /
(State or foreign country)

MOTHER
14. Maiden name: Olevia Tatum
15. Birthplace: Unknown Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Hazel Miller (wife)
(b) Address: Route # 6, Spfd., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-18-46 (Month) (Day) (Year)
(c) Place: burial or cremation: CLEAR CREEK CEMETERY

18. (a) Signature of funeral director: ALMA LOHMEYER FUNERAL HOME
(b) Address: SPRINGFIELD, MISSOURI

19. (a) 8-17-46 (Date received local registrar) (b) B. W. Hardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 16 year: 1946 hour: 10:00 A.M. minute: ..... M.

21. I hereby certify that I attended the deceased from 8/16 1946 to 8/16 1946 that I last saw him alive on 8/16 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion — Sudden — Duration

Due to: Heart Cond.

Due to: Over Exertion

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

Major findings:
Of operations: —
Of autopsy: no

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: 0

23. Signature: D. F. Freeman (M. D. or other)
Address: Springfield, Mo. Date signed: 8/17/46

(Licensed Embalmer's Statement on Reverse Side)

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.....

P. O. Address.....

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.