

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED SEP 10 1946 STANDARD CERTIFICATE OF DEATH

State File No. **27970**

Registration District No. **274**

Primary Registration District No. **4405**

Registrar's No. **357**

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Green Ridge**
(If outside city or town limits, write "RURAL" and name of township)
(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 **5 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **FRANK S. MILLER**

3. (b) If veteran, name war **/** 3. (c) Social Security No. **/**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Wid.**
6. (b) Name of husband or wife **Hattie B.** 6. (c) Age of husband or wife if alive **21** years
7. Birth date of deceased **July 21 1868**
(Month) (Day) (Year)

8. AGE: Years **78** Months **2** Days **8** If less than one day **hr. min.**

9. Birthplace **Manila** Mo. **/**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Joseph Miller**
13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Pittman**
15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Roy Miller**
(b) Address **Lusa Okla.**
17. (a) **Burial** (b) Date thereof **8/31/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Ridge, Mo.**
18. (a) Signature of funeral director **Geo. Dillard**
(b) Address **Sedalia**

19. (a) **8/31/46** (b) **Betty Yeager**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Pettis**
(c) City or town **Green Ridge**
(If outside city or town limits, write "RURAL")
(d) Street No. **/** (If rural, give location)
(e) Citizen of foreign country? **/** (Yes or No)
If yes, name country **/**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **30**
year **1946** hour **5** minute **P.** M.

21. I hereby certify that I attended the deceased from **Aug. 12, 1946** to **Aug. 29, 1946**
that I last saw him alive on **Aug. 29, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocardial Disease**

Due to **/**
Due to **/**

Other conditions **/**
(Include pregnancy within 3 months of death)

Major findings:

Of operations **93E**

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) **/**
(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) (c) Means of injury **/**

23. Signature **H. A. Hite** (M. D. or other)
Address **Green Ridge, Mo.** Date signed **8/30/46**

(Licensed Embalmer's Statement on Reverse Side)

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

P-37
DIE

9-8-46

SEP 18 1946

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.....

Geo Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia

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.