S. No. 2
M—5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30021

State File No.

FILED SEP 23 1946

Registration District No.

Primary Registration District No. 2000

Registrar's No. 737

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution:
1921 N. Rogers
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 37

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

(d) Street No. 1921 N. Rogers 6
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Joseph Newton Miller

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Cynthia Jane Miller

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased August (Month) 26 (Day) 1860 (Year)

8. AGE: Years 86 Months 0 Days 12 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

FATHER
12. Name William Miller
13. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Melvena Hunt
15. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Cynthia Jane Miller
(b) Address 1921 N. Rogers, SPFD., MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-9-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Timber Ridge

18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address Springfield Missouri

19. (a) 9-9-46 (Date received local registrar) (b) M. Hardy M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8
year 1946 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from 16 August, 1946, to 8 Sept., 1946
that I last saw him alive on 7 Sept., 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Exhaustion, Cachexia, & uremia.

Due to Fracture, rt. femur

Due to FALL

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1860
18
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) Accident 133

(b) Date of occurrence 16 August 46

(c) Where did injury occur? Home, Springfield, Greene, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)

While at work? No (e) Means of injury Fell down.

23. Signature Kenneth E. Knebel M.D. (M.D. or other) SD

Address 450½ E. Commercial Date signed 9 Sept. 46

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(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 Max Rhodes

Licensed Embalmer No. 4071

P. O. Address Spring Lake

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.