

No. 2
-12-45
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 10 1947
Registration District No. 360

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3730
State File No. _____
Registrar's No. 17

Primary Registration District No. ~~3076~~ 3076

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

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution most of life (Specify whether
In this community most of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 630 W. Lee Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME James Franklin Miller
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 12th
year 1947 hour 8 minute ✓ P. A. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Lilhe Miller
(c) Age of husband or wife if alive 68 years
7. Birth date of deceased: Dec 5 1876
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
Duration _____
Underline the cause to which death should be charged statistically.

8. AGE: Years 70 Months 1 Days 7
If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business Same as Miller

MOTHER FATHER
12. Name James Miller
13. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant R. M. Miller
(b) Address Rt. No. 3 Nevada Mo.

17. (a) Burial (b) Date thereof 1-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chick Lomey
18. (a) Signature of funeral director Ray Funeral Service
(b) Address Nevada, Mo.

19. (a) 1-29-47 (b) Nathyn Jancy
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ✓
(b) Date of occurrence Jan. 12th 1947
(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 3
23. Signature Marsh C. E. Hinger (M. D. or other) _____
Address Nevada, Mo. Date signed 1-25-47

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RECEIVED
DISTRICT HEALTH OFFICER NO. 7,
1-47-62
5-47-62

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 Allen J. Hayes

Licensed Embalmer No. 1968

P. O. Address. Nevada 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.