S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3825

Registration District No. 1 | Primary Registration District No. 3000 | Registrar's No. 31

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grim-Smith Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 30 minutes
In this community: 1 year, 2 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair 2
(c) City or town: Kirksville 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 111 E. Illinois 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Earl Wesley Miller
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Myrtle Wilgus
6. (c) Age of husband or wife if alive: 59 years
7. Birth date of deceased: Dec. (Month) 17 (Day) 1887 (Year)

8. AGE: Years 59 | Months 1 | Days 23 | If less than one day: hr. min.

9. Birthplace: Novinger (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Automobile Dealer
11. Industry or business: Adair County Motor Co.

FATHER
12. Name: Francis Jerome Miller 1
13. Birthplace: State of Iowa (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Arabella Gardner
15. Birthplace: State of Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Wm. W. Kisthard
(b) Address: Kirksville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/13/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Hills Cmt.
18. (a) Signature of funeral director: D. E. Kelly
(b) Address: Kirksville, Mo.
19. (a) 2-12-47 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10 year 1947 hour 7:30 minute A. M.
21. I hereby certify that I attended the deceased from March 1945, to February 1947; that I last saw him alive on 2/13 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	few min
Due to: Arteriosclerosis and cardiovascular renal disease	1 year
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

131A

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: George E. Grim (M. D. or other) MD
Address: Kirksville, Missouri Date signed: 2/10/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2:47:361
Date Filed FEB 17 1947

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 L. E. E. Riley

Licensed Embalmer No. 4181

P. O. Address Kirksville 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.