

S. No. 2
OM-5-43
v. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 21 1947
128

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
2000

State File No. 8660
Registrar's No. 171

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH: GREENE
(a) County Springfield
(b) City or town _____
(c) Name of hospital or institution Burge Hospital
(d) Length of stay: In hospital or institution 8 hrs. 14 minutes
In this community 13 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Rural - Springfield
(d) Street No. Rt 9, Box 214, Springfield
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harold Edward Miller
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 20 26
year 1947 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from February 24, 1947, to February 26, 1947;
that I last saw him alive on Feb 25, 1947;
and that death occurred on the date and hour stated above.

4. Sex M O 5. Color or race W D 6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 24 1947
(Month) (Day) (Year)

Immediate cause of death: Intra cranial hemorrhage
Due to: Birth injury -
Due to: _____

8. AGE: Years Months Days If less than one day
0 0 1 - 8 hr. 14 min.

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

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

10. Usual occupation Infant

11. Industry or business Infant

Major findings: Of operations: None
Of autopsy: None
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

12. Name Karl Otto Miller

13. Birthplace Grant Co., Oklahoma
(City, town, or county) (State or foreign country)

14. Maiden name Fern Louise Yardley

15. Birthplace _____ Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Karl Otto Miller
(b) Address Rt. 9, Box 214, Springfield, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-27-47
(Month) (Day) (Year)

(c) Place: burial or cremation Lamer Mo

18. (a) Signature of funeral director J. W. Klingner
(b) Address Springfield Mo.

19. (a) 2-27-47 (b) W. G. Handley MD
(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 _____
(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 _____
23. Signature _____ (M. D. or other) _____
Address 510 Woodriff Bldg Date signed Feb 23, 1947

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

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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.....

Carl Stone Jr.

Licensed Embalmer No..... *4126*

P. O. Address..... *Springfield*

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.