No. 2
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I X47070

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

10454

State File No.

FILED APR 1 1947

Registration District No. 376

Primary Registration District No. 6075

Registrar's No. 87

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St.Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 yrs. 2 mos. 20 das. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St.Francois 94

(c) City or town Farmington RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. County Farm 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JAMES MILLER

3. (b) If veteran, name war Unknown

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Unknown (Month) About (Day) 1876 (Year)

8. AGE: Years About 71 | Months | Days | If less than one day hr. min.

9. Birthplace Washington County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Common labor.

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 26, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation To Washington University, St. Louis, Mo.

18. (a) Signature of funeral director By Berl J. Miller Funeral Home
(b) Address Farmington, Missouri

19. (a) 3-26-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26, year 1947 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from April 19, 1946, 19, to Feb. 26, 1947, 19; that I last saw him alive on Feb. 26, 1947, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No 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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature George W Raus (M. D. or other) M.D.

Address Farmington Mo Date signed 3/3/47

249 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4

347-435

3-21-47

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~~ not embalmed, Registered Apprentice No. _____, working under my personal supervision.

Signed Paul K Dugal

Licensed Embalmer No. 420

P. O. Address Lawrington 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.