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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 25 1947

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(c) Name of hospital or institution Stone Memorial Hospital
(d) Length of stay: In hospital or institution March 20-1947
In this community March 20-1947

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Crawford
(c) City or town Rural
(d) Street No. R4
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME HENRY A. MILLER

3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Male, Color white, 5. (a) Single, widowed, married Married
6. (b) Name of husband or wife Mary E. Miller, 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased June 2-1861

8. AGE: 85 years, 10 months, 2 days

9. Birthplace Wisconsin

10. Usual occupation Farmer + Stockman

11. Industry or business

12. Name Joseph Miller

13. Birthplace Germany

14. Maiden name

15. Birthplace Germany

16. (a) Informant Mary E. Miller

(b) Address R4 Girard Kansas

17. (a) Burial, cremation, or removal (b) Date thereof

(c) Place: burial or cremation

18. (a) Signature of funeral director Miles Ed Dorey

(b) Address Girard Kansas

19. (a) Date received local registrar 4-5-47 (b) Registrar's signature L.B. Carter

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 3rd, year 1947 hour 9 minute 55 P.M.

21. I hereby certify that I attended the deceased from March 26, 1947, to April 3, 1947.

that I last saw h. alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic pneumonia, Duration 12 hours
Diabetic Thrombosis 20 yrs

Due to _____

Due to Atherosclerosis, Senility, Prostatic Hypertrophy

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

Major findings: Of operations _____

Of autopsy 61

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? _____
(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 A.B. Wheeler (M.D. or other) 80
Address Carthage Date signed 4/5/47

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

49
1
3

47-3-779

[Faint handwritten notes, possibly "The deceased"]

[Faint handwritten notes, possibly "State of Illinois"]

[Faint handwritten name: HENRY H. MILLER]

[Faint handwritten notes]

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

Licensed Embalmer No.

P. O. Address

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.