

No. 2
12-45
5-17-39
1 X47070

State File No. _____

FILED JUN 6 1947
3 8 3

Registration District No. _____

Primary Registration District No. 5655

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri State Sanatorium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 415 days
(Specify whether years, months or days)

In this community 415 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME James Edgar Miner

3. (b) If veteran, name war No

3. (c) Social Security No. 490-18-2785

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Frances Williamson Miner

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased May 16 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

39	11	23	hr. min.
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9. Birthplace Bucoda Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER

12. Name Oscar Elbert Miner

13. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Martha Proffer

15. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San. Mt. Vernon, Mo

17. (a) Senath Mo (b) Date thereof May 11 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Senath Mo

18. (a) Signature of funeral director McDaniel

(b) Address Senath Mo

19. (a) 5724-47 (b) DR Philbrick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35

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

(d) Street No. Route 1
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th
year 1947 hour 1:00 minute A M.

21. I hereby certify that I attended the deceased from March 21 1946 to May 9 1947
that I last saw h. im alive on May 9 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Far Advanced Pulmonary Tuberculosis Over 2 yrs

Due to _____

Due to _____

Other conditions 13 P
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy Bilateral pulmonary Tuberculosis Peritonitis + intestinal obstruction
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) _____
(Means of injury) _____

23. Signature R. H. Dickerson (M. D. or other) 0
Address Mt. Vernon, Missouri Date signed 5-9-47

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

RECEIVED
District Health Officer No. 8;
District File Number 647-595-
Date Filed JUN 4 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 *me*

....., Registered Apprentice No.
working under my personal supervision.

Signed *A. S. MacDonell*

Licensed Embalmer No. *293*

P. O. Address *Smith Ave*

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.

MAY 7 1947