. S. No. 2
0M—5-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 2 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37412

Registration District No. 64 Primary Registration District No. 4110 Registrar's No. 65

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Salisbury Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community all years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Chariton
(c) City or town Salisbury 21
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Gus Miller
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male 0
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Juke Ann Miller
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased 12 (Month) 11 (Day) 1872 (Year)

8. AGE: Years 74 Months 11 Days 3 If less than one day hr. min.

9. Birthplace — (City, town, or county) Ill (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name William G Miller
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Frank Miller
(b) Address Huntsville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation New Hope Cemetery
18. (a) Signature of funeral director Winkelmeyer Fun Co
(b) Address Salisbury Mo
19. (a) 11-14/47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14 year 1947 hour 3 minute 15 A.M.
21. I hereby certify that I attended the deceased from Jan 1944 ~~Nov 14~~, 1947, to Nov 14, 1947, that I last saw him alive on Nov 14, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	
Due to	
Due to	
Other conditions: Parkinson Disease (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 [signature] (M. D. ~~or other~~) M.D.
Address Salisbury Mo Date signed 11/14/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-1-47

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

Signed Chas B Dunkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury 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.