No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 14 1948
Registration District No. 224

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3046

State File No. 42397
Registrar's No. 82

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

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

2. USUAL RESIDENCE OF DECEASED: 68
(a) State Missouri (b) County Moniteau
(c) City or town California, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Gen Del
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Francis Adolph Miller
3. (b) If veteran, name war No
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife 47 Emily Miller
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Dec (Month) 25 (Day) 1894 (Year)

8. AGE: Years 53 Months 0 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Miller Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Painter
11. Industry or business
FATHER
12. Name Marion Miller
13. Birthplace (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Melva A Chambers
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Irene Miller
(b) Address California, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 29. 1947 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemt California, Mo
18. (a) Signature of funeral director Bowlin Funeral Hons
(b) Address California, Mo
19. (a) 12-29-47 (Date received local registrar) (b) H.R. Popejoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 year 1947 hour 3 minute A M.

21. I hereby certify that I attended the deceased from Oct. 25 1947 to Dec 27 1947 that I last saw him alive on Dec 27 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) 2
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) D.O
Address California, Mo Date signed 12/28/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number

Date Filed 1/12/48

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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 Earl R. Bowlin

Licensed Embalmer No. 2126

P. O. Address California, 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.

. No. 2B
M—3-45
I X43880

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

State File No. Jan

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 82

**1. PLACE OF DEATH:**

(a) County Monterey (California)

(b) City or town (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 (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Francis A. Miller

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec 25 1878 (Month) (Day) (Year)

8. AGE: Years 53 Months 0 Days If less than one day hr. min.

9. Birthplace (City, town, or county) NO (State or foreign country)

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec Day 28 year 1947 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to Carcinoma of anterior border of epiglottis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations NA

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

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

42397