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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 29 1948

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 140  
Registrar's No. 231

Registration District No. 38 Primary Registration District No. 3006

1. PLACE OF DEATH:  
(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Ellis Fischel State Cancer Hospital  
(If not in hospital or institution, write street number or location)  
101 days  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Lafayette  
(c) City or town Odessa  
(If outside city or town limits, write "RURAL")  
(d) Street No. R #1  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Miller, James Lester  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 22  
year 1948 hour 8 minute 55 A.M.  
21. I hereby certify that I attended the deceased from Oct. 13  
1948 to Jan 22, 1948  
that I last saw him alive on 8:55 a.m. Jan 22, 1948  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased August 2, 1881  
(Month) (Day) (Year)

Immediate cause of death  
Lymphosarcoma, generalized  
Duration 10 months  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy Generalized lymphosarcomatosis

8. AGE: Years 66 Months 5 Days 20  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cooper County, Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farm laborer

11. Industry or business \_\_\_\_\_  
12. Name Jesse Miller  
13. Birthplace Cooper County, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Fannie Mortere  
15. Birthplace Morgan County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant James Miller  
(b) Address Odessa, Missouri  
17. (a) Removal (b) Date thereof 22 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Allen Brownfield  
(b) Address Pleasant Hill, Mo  
19. (a) 1-22-48 (b) Mrs. R. E. Palmer  
(Date received local registrar) (Registrar's signature)

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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature C. A. McFee (M. D. or other)  
Address Ellis Fischel State Cancer Date signed 1/22/48

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

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RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed JAN 28 1948

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.....

*Glen A. Hill*

Registered Apprentice No. *8*

working under my personal supervision.

Signed *Allen Brownfield Reg. Hill*

Licensed Embalmer No. *3785*

P. O. Address. *Pleasant Hill, Va*

**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.**