No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 10 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11595

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 498

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospt. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)
In this community: 13 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 216 E. Kansas Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Elmer Blane Miller
3. (b) If veteran, name war: no
3. (c) Social Security No.: 491-09-5093
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Martha Eva Miller
6. (c) Age of husband or wife if alive: 56 years
7. Birth date of deceased: July 25, 1884 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
63	9	2	hr. min.

9. Birthplace: Albany, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: C. B. & Q. R. R.
FATHER
12. Name: George Miller
13. Birthplace: unknown, Indiana (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: unknown, unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Martha Eva Miller
(b) Address: 216 E. Kansas Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cem.
18. (a) Signature of funeral director: CLARK FUNERAL HOME
(b) Address: 120 Illinois Ave., City
19. (a) May 3, 1948 (Date received local registrar) (b) E. L. Jenkins (Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 27 year 1948 hour 9 minute 30 a.m.
21. I hereby certify that I attended the deceased from 4/26/48, 19..., to 4/27/48, 19...; that I last saw him alive on 4/27/48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebro-vascular hemorrhage	14 hrs.
Due to: Hypertension	?
Due to:	
Other conditions (Include pregnancy within 3 months of death): Auricular Fibrillation	
Thrombophlebitis, left leg	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause of 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: W. H. Gayle (M. D. or other)
Address: W. H. Gayle, St. Joseph, Mo. Date signed 4/28/48

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

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

Dr. Earl

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. 4238

P. O. Address St Joseph 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.