No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12121

FILED MAY 15 1948

Registration District No. 720 — Primary Registration District No. 5448 — Registrar's No. 33

1. PLACE OF DEATH:
(a) County: Gentry -Huggins Township.
(b) City or town: Stanberry rural 5mi n e
(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): 1 day
In this community

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

3. (a) PRINT FULL NAME: Mr. Robert T. Miller
3. (b) If veteran, name war: no
3. (c) Social Security No.: 493-18-2432
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Betty Miller
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Dec (Month) 29 (Day) 1922 (Year)

8. AGE: Years 25 | Months 3 | Days 17 | If less than one day: hr. min.

9. Birthplace: Stanford Montana
(City, town, or county) (State or foreign country)
10. Usual occupation: farming
11. Industry or business: farm

FATHER
12. Name: Thos. Andrew Miller
13. Birthplace: Maysville dekalb Co. Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Wiederholt
15. Birthplace: Clyde Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant: Pete Walter
(b) Address: Stanberry Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 4/20/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Lewistown Montana
18. (a) Signature of funeral director: Peter F. Phillips
(b) Address: Stanberry Mo.
19. (a) 4/19/48 (Date received by registrar) (b) Homer D. Nebeker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1948 hour 5 minute 45p 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.

	Duration
Immediate cause of death: Airplane accident	
plane crash	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 173-8
Of autopsy: 173-34

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)~~: Plane Crash
(b) Date of occurrence: 4/16/48
(c) Where did injury occur? 1 mi of Stanberry Gentry Mo.
(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: Crushed
23. Signature: E. N. Williams (M. D. or Coroner)
Address: Gallatin Mo. Date signed: 4/17/48

Jefferson City Printing Co. 4/19/48

103 (Licensed Embalmer's Statement on Reverse Side)

MAY 18 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~~ .....

..... ~~Registered Apprentice No.~~ .....

working under my personal supervision.

Signed Laton [illegible]

Licensed Embalmer No. 1898

P. O. Address Stonebury Md

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. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 1 1948
Registration District No. 12280

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5448

State File No. 12121
Registrar's No. 33

1. PLACE OF DEATH:
(a) County Gentry
(b) City or town 5 Mi. C. of Stanberry
(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
In this community 24 Hours
years, months or days)

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

3. (a) PRINT FULL NAME Mr Robert Thomas Miller
3. (b) If veteran, name war No
3. (c) Social Security No. 493-18-2432
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name ~~of husband or~~ wife Mrs Betty Miller
6. (c) Age of husband or wife if alive Mr C years
7. Birth date of deceased 12 (Month) 27 (Day) 1923 (Year)

8. AGE: Years 24 Months 3 Days 29 If less than one day hr. min.

9. Birthplace Livingstown Montana (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business Farm
FATHER
12. Name Thos. Andrew Miller
13. Birthplace Eastern Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Maria Wiedenhaft
15. Birthplace Clyde Mo (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Dorothy Wiedenhaft
(b) Address Maysville Mo
17. (a) (Burial, ~~cremation, or removal~~) (b) Date thereof 4/20-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Livingstown Montana
18. (a) Signature of funeral director Laton & Phillips
(b) Address Stanberry Mo
19. April 19-1948 (Date received local registrar) (b) Homer N. Webster (Registrar's signature) 163

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1948 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from April 16, 1948, to April 16, 1948 that I last saw h alive on — 19 and that death occurred on the date and hour stated above.

Immediate cause of death Crushed in Chest & Head broken leg
Due to Airplane Accident
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.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence April 16-1948
(c) Where did injury occur? Gentry Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm (Specify type of place)
While at work No (e) Means of injury Crushed
23. Signature Charles N Williamson DO (M. D. or other) Corner Gentry Co
Address Gentry Mo Date signed 4-17-48

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

COPPLEMENTARY

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Latoy H. Phillips

Licensed Embalmer No. 1898

P. O. Address Stanberry 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.