FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 10 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 18762

Registrar's No. 704

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mercy Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (specify whether

In this community 2 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gentry 38

(c) City or town King City Mo R.R. 0 (If outside city or town limits, write "RURAL")

(d) Street No. Rural Route 0 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Henry Wilson Miller

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Blanche

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Nov (Month) 27 (Day) 1875 (Year)

8. AGE: Years 72 Months 7 Days 4 If less than one day hr. min.

9. Birthplace Gentry Co Mo 0 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Same

FATHER
12. Name James M. Miller 0
13. Birthplace Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth E Mmerson
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Kay Yont
(b) Address King City Mo R.R.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation Sean Berry Mo

18. (a) Signature of funeral director R. G. Taggart
(b) Address King City Mo

19. (a) 7-1-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 565

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st year 1948 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from 6-29, 1948, to 7-1, 1948 that I last saw him alive on July 1, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Edema	
Due to Acute Myocarditis	24 hrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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) 2

While at work? (e) Means of injury

23. Signature W. O. Claudander (M. D. or other) DD

Address 823 Faraon St Joseph Mo Date signed 7-1-48

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

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 R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address Kingsley Mi

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.