

Registration District No. 42

Primary Registration District No. 5131

Registrar's No. 933

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town Gower (Tremont Township)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Gower, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 39 years (Specify whether)  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2809 So. 18th  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Willis Dee Miller

3. (b) If veteran, name war None 3. (c) Social Security No. 491-09-020

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 10 1906  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
41 10 7 hr. \_\_\_\_\_ min.

9. Birthplace Dearborn Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business Condon-Cunningham Const. Co.

12. Name Phillip L. Miller

13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Miranda Williams

15. Birthplace Dearborn Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Miranda Miller

(b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof 8/30/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Williams, Cemetery

18. (a) Signature of funeral director Heaton-Bowman

(b) Address St. Joseph, Mo.

19. (a) 9-3-48 (b) E. L. Jenkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27  
year 1948 hour 3 minute 30 P.M.

21. I hereby certify that I viewed the deceased from Aug. 28  
48 1948 to \_\_\_\_\_ 1948  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

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) Means of injury \_\_\_\_\_

23. Signature E. W. Tadlo (M. D. or \_\_\_\_\_)

Address King Hill Blk. Date signed 8/28/48

MOTHER FATHER

11  
1  
7  
1

St. Joseph, Mo. 8/28/48

SEP 21 1948

APR 23 1948

SEP 21 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 *William Spelling*.....

Licensed Embalmer No. *4535*

P. O. Address *3145 10th St. Pa*

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.