S. No. 2
M-[illegible]-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 11 1948

Registration District No. 67

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5900

State File No. 30565

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Rural - Braggadocio Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Steele, Mo. - R#2.1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether
In this community 20 minutes
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Steele, Mo. R#2.
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME James Kenneth Miller

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased September 17 1948
(Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day hr. 20 min.

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

10. Usual occupation —

11. Industry or business —

FATHER
12. Name James Wilbur Miller
13. Birthplace Hornbeak Tennessee.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Irene Thompson
15. Birthplace Pemiscot Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. James W. Miller
(b) Address Steele, Mo. R#2.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/18/48
(Month) (Day) (Year)
(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director Smith Funeral Home
(b) Address Caruthersville, Mo.

19. (a) 10-5-48 (Date received local registrar) (b) John W German (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17
year 1948 hour 10: minute 45 p.M.

21. I hereby certify that I attended the deceased from 9-17-48
10:25 P.M., 19 , to 10:45 P.M. 17 , 1948
that I last saw him alive on Sept. 17 , 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Asphyxiation monotonum	20 minutes
Due to Obstruction in trachea or bronchial passages.	
Due to	
Other conditions born by difficult labor (Include pregnancy within 3 months of death)	

Major findings:
Of operations 16 1/2
Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury 2

23. Signature F. B. Farnsworth (M. D. or other) D.O.
Address Braggadocio, Mo. Date signed 9-18-48.

(Licensed Embalmer's Statement on Reverse Side)

10-48-275

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 Body Was Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed James A Osburn

Licensed Embalmer No. 4185

P. O. Address Carrithersville, 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.