No. 300
—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 23 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37112

Registration District No. 136 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether In this community All of Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73
(c) City or town Rural Route # 2 Seneca (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Paul LeRoy MILLER
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race W
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 10th. 1948 (Month) (Day) (Year)
8. AGE: Years | Months | Days 25 | If less than one day hr. min.
9. Birthplace Seneca (City, town, or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Cretis Miller
15. Birthplace Salem (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs John Miller
(b) Address Gen. Del. Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 6, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Osborne Memorial Cem
18. (a) Signature of funeral director Thornhill-Dillon
(b) Address 305 West 4th St. Joplin, Mo
19. (a) 11-9-48 (Date received local registrar) (b) Eda Jasper by Dalton Hopkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5th. year 1948 hour 2:20 minute P. M.
21. I hereby certify that I attended the deceased from 10-30, 1948 to 11-5, 1948 that I last saw her alive on 11-4, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: malnutrition - dehydration -	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 161	

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 0
23. Signature Ed Jones (M. D. or other)
Address Joplin Mo Date signed 11-9-48

138-0

(Licensed Embalmer's Statement on Reverse Side)

48-11-~~8~~ 9

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 Erling M. Dungy

Licensed Embalmer No. 3566

P. O. Address Joplin 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.