

U.S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40967
Registrar's No. 104

FILED DEC 20 1948
Registration District No. 267

Primary Registration District No. 3049

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

1. PLACE OF DEATH:

(a) County Lemiscot

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

(c) Name of hospital or institution 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 33 years (Specify whether years, months or days)

In this community 33 years

3. (a) PRINT FULL NAME Daniel Webster Miller

3. (b) If veteran, name war NW

3. (c) Social Security No. 489-01-7231

4. Sex Male

5. Color or race White

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

(b) Name of husband or wife Bertha Susan Miller

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased October 12th 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>1</u>	<u>1</u>	hr. min.

9. Birthplace Brownville Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

12. Name Unknown

13. Birthplace " 7
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace " 9
(City, town, or county) (State or foreign country)

16. (a) Informant Gavin Miller

(b) Address Gary Indiana

17. (a) Burial (b) Date thereof 11/14/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hayti, Mo

18. (a) Signature of funeral director John W. German

(b) Address Hayti, Mo

19. (a) 11-29-48 (b) John W. German
(Date received local registrar) (Registrar's signature) 1106

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lemiscot

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

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12th
year 1948 hour 6 minute 20 A.M.

21. I hereby certify that I attended the deceased from Sept 1
1946, to Nov 12, 1948;
that I last saw him alive on Nov 11, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (typical)

Duration 7 days

Due to

Due to

Other conditions Atherosclerosis
(Include pregnancy within 3 months of death) Hypertension

Major findings: Of operations None

Of autopsy None

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) (e) Means of injury 0

23. Signature [Signature] (M. D. or other)

Address [Address] Date signed [Date]

12-48-333

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..... *John H. German*

Licensed Embalmer No. *4355*

P. O. Address..... *Hayti, 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.