3. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 16 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

41230

State File No.

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 390

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 mos. 21 das. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Perry
(c) City or town Perryville
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HENRY L. MILLER
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Unknown
6. (b) Name of husband or wife Rosa Smith
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased August (Month) 1 (Day) 1878 (Year)

8. AGE: Years 70 Months 4 Days 5 If less than one day hr. min.

9. Birthplace Morgantown (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Common labor
11. Industry or business

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-7-48 (Month) (Day) (Year)
(c) Place of burial or cremation To Washington University Anatomy Dept. St. Louis, Mo. Via Cozean Funeral Home
18. (a) Signature of funeral director
(b) Address Farmington, Missouri
19. (a) 12-9-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6 year 1948 hour 3 minute 00 A. M.
21. I hereby certify that I attended the deceased from Nov. 9, 1948, 19..., to Dec. 6, 1948, 19..., that I last saw him alive on December 6, 1948, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	7 das.
Due to: Nephrosclerosis	2 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death): Psychosis with cerebral arteriosclerosis	

Major findings:
Of operations
Of autopsy Uremia and nephrosclerosis.

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)
While at work? (e) Means of injury

23. Signature John A. Brenner M.D. (M. D. or other)
Address Farmington, Mo. Date signed 12/8/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4

District File Number 1248-1575

Date Filed 12-14-48

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.

Not embalmed
Going to Washington
University Medical School

Signed [signature]

Licensed Embalmer No. 4054

P. O. Address Farmington 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.