

DEC'D APR 19 1938

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

*Dr. Freeman*

10828

Do not use this space.

## 1. PLACE OF DEATH

(a) County Greene Registration District No. 316  
 (b) Township W. Corn Primary Registration District No. 5439  
 (c) City Springfield, Mo. (d) Street No. Rt 6 Registered No. 203  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Saphronia Cleora Miller 460  
 (a) Residence, No. Rt 6 St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Chas. E. Miller (Dec)  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3 - 1860  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
✓ 77 3 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home  
 9. Industry or business in which work was done, as saw mill, bank, etc. Home  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co. Mo.

FATHER 13. NAME John W. Batum  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

MOTHER 15. MAIDEN NAME Melena Robinson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) John C. Miller Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clear Creek Burial 1237 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alma Johnson Springfield Mo.

20. FILED Mar 17, 1938 Chas. H. George Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/14, 1938 to March 5<sup>th</sup>, 1938  
 I last saw him alive on March 5, 1938 Death is said to have occurred on the date stated above, at 10:58 a.m.

The principal cause of death and related causes of importance were as follows:

Influenza followed by Labor Pneumonia 2/14/38  
 Date of onset 11<sup>th</sup>

Other contributory causes of importance: NoneName of operation None Date of NoneWhat test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no 1938Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? noIf so, specify no(Signed) S. J. Freeman M. D.(Address) Springfield Mo.

BY LAW REVOKED AND REPEALED  
DISTRICT OF COLUMBIA  
1900

**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 .....

Licensed Embalmer No. ....

P. O. Address .....

**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, above space should be left blank.**