

DEC 18 1939

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

40127
Do not use this space.

1. PLACE OF DEATH

(a) County Lewis Registration District No. 477
 (b) Township 1 Primary Registration District No. 4286 Registered No. 44
 (c) City Canton (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 Daniel F. Miller

(a) Residence, No. Canton, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Anna Miller (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 21st. 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
69 - 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Merchant
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Canton (STATE OR COUNTRY) Missouri

FATHER 13. NAME Phillip Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Mary Heither

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs D.A. Rutes (ADDRESS) Canton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Canton DATE Nov. 22nd. 1939

19. FUNERAL DIRECTOR H. M. Roberts (ADDRESS) La Grange, Mo.

20. FILED Nov. 22. 1939 H. W. Harris M.D. (Address) Canton, Missouri
 Local Registrar. 4286

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from December, 1937, to November 20, 1939
 I last saw him alive on November 20, 1939 Death is said to have occurred on the date stated above, at 4 A. m.
 The principal cause of death and related causes of importance were as follows:

Acute coronary occlusion

Date of onset

Other contributory causes of importance:
possibly complicated with old infarct

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Harold A. Rudlemer, M. D.
 (Signed) _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 12-39-2085

Date Filed DEC 7 1939

STATEMENT BY LICENSED EMBALMER

I, A. A. Roberts, Licensed Embalmer No. 1626

hereby certify that the body recorded on the reverse side of this certificate was embalmed by A. A. Roberts

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed



..... Licensed Embalmer No. 1626

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.)