

1949 MAY 14 1949

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13835**
Registrar's No. **19**

Registration District No. **53**

Primary Registration District No. **3005**

1. PLACE OF DEATH:

(a) County **Bates**
(b) City or town **Rich Hill Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **30 days**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits write "RURAL")
(d) Street No. **12 th & Central St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **10**
year **1940** hour **10** minute **10** P.M.
21. I hereby certify that I attended the deceased from
June 10, 19**40** to **June 10**, 19**40**
that I last saw him alive on **June 10**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Journey Depression**
Due to **Myocarditis**
Due to **g. z. h.**
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration
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
23. Signature **Samuel J. Miller** (M. D. or other)
Address **Rich Hill Mo.** Date signed **4/11/41**

3. (a) PRINT FULL NAME **Joseph Miller**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Louise Miller** 6. (c) Age of husband or wife if alive **27** years

7. Birth date of deceased **Nov. 25 1889**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 4 15 hr. min.

9. Birthplace **Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Hotel Manager**

11. Industry or business

12. Name **Samuel Miller**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarrah Abrams**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Louise Miller**
(b) Address **Kansas City, Mo.**

17. (a) **Burial** (b) Date thereof **4 13 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn**
18. (a) Signature of funeral director **Paul & Rowley**
Rich Hill Mo.
(b) Address

19. (a) **April 11, 1941** (b) **Claude J. Allen, M.D.**
(Date received local registrar) (Registrar's signature)

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

OCT 26 1948

RECEIVED

District Health Officer No. 7,

District File Number 5-41-841

Date Filed 5-12-41

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 ME

....., Registered Apprentice No.
working under my personal supervision.

Signed

J. Hudson Rowley

Licensed Embalmer No. 2730

P. O. Address Rich Hill 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, above space should be left blank.