

No. 2
-13-40
17-39
X23159

2020 MAY 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13841**

Registration District No. **53**

Primary Registration District No. **5084**

Registrar's No. **18**

1. PLACE OF DEATH

(a) County **BATES**

(b) City or town **RURAL New Home**
(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 _____ (Specify whether _____)

In this community **LIFE TIME**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **BATES**

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

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

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **JOHN MILLER**

3. (b) If veteran, name war **NO.**

3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **S**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **OCT 27 1858**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82 5 7 hr. min.

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

10. Usual occupation **FARMING**

11. Industry or business _____

MOTHER FATHER

12. Name **OLIVE HAZARD MILLER**

13. Birthplace **PENN 1**
(City, town, or county) (State or foreign country)

14. Maiden name **CHARLOTTE BRYANT**

15. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs O L Gainer**

(b) Address **R.E.D. RICH HILL, MO.**

17. (a) **BURIAL** (b) Date thereof **4/6/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **WOODFIN CEMETARY**

18. (a) Signature of funeral director **BOOTH'S**

(b) Address **RICH HILL, MO. 56**

19. (a) **April 6, 1941** (b) **R. S.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **4**
year **1941** hour **7** minute **45 A.** M.

21. I hereby certify that I attended the deceased from **Nov 16 1940** to **April 4 1941**
that I last saw him alive on **March 20 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Decompensation with Hypertrophied Prostate**

Due to _____

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) _____

(a) Means of injury _____

23. Signature **Richard D. Miller** (M. D. or other) **M.D.**

Address **Rich Hill Mo.** Date signed **4/4/41**

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

RECEIVED
District Health Officer No. 7,
District File Number 5-41-842
Date Filed 5-12-46

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 G. Underwood
Licensed Embalmer No. 3585
P. O. Address Butter

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.