

No. 2  
-1-4-41  
-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

35311

State File No. ....

FILLED NOV 13 1941

Registration District No. 431

Primary Registration District No. 3-0-23

Registrar's No. 125

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Warrensburg City  
(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 4 years (Specify whether years, months or days)

In this community 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

(c) City or town Warrensburg, Mo.  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME William Albert Miller

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife Eva Miller

6. (c) Age of husband or wife if alive 46 years 1879 (Month) (Day) (Year)

7. Birth date of deceased March 6 1879

8. AGE: Years 62 Months 6 Days 8

If less than one day ..... hr. ..... min.

9. Birthplace Knob Noster Mo  
(City, town, or county), (State or foreign country)

10. Usual occupation farming

11. Industry or business .....

MOTHER FATHER

12. Name William Miller

13. Birthplace Unknown  
(City, town, or county), (State or foreign country)

14. Maiden name Sarah Padgett

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

16. (a) Informant Mrs - William Miller

(b) Address Warrensburg, Mo

17. (a) Burial (b) Date thereof Oct 11 - 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Knob Noster, City Cem.

18. (a) Signature of funeral director Paul Saults

(b) Address Knob Noster Mo

19. (a) Oct 13 - 1941 (b) John M. Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9  
year 1941 hour 8 minute P M.

21. I hereby certify that I attended the deceased from Oct 1 1941 to Oct 9 1941  
that I last saw him alive on Oct 9 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Left Cerebral Hemorrhage Duration 2 days

Due to Myocardial infarction

Due to arterial disease

Other conditions (include pregnancy within 3 months of death) 430

Major findings: Of operations 430

Of autopsy .....

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) (c) Means of injury .....

23. Signature E.S. Johnson M.D. (M. D. or other) D

Address Warrensburg Mo Date signed Oct 11, 1941

1007 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed 11-10-41

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, Dudley R. Sauls, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Dudley R. Sauls

Licensed Embalmer No. 4233

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, fact should be so stated above.