V. S. No. 2
100M—2-43
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28824

FILED SEP 1 1943

Registration District No. 925 — Primary Registration District No. 4335-5799 — Registrar's No. 34

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

1. PLACE OF DEATH:

(a) County Moniteau

(b) City or town Willow Fork "Rural" (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3 miles South Tipton, Mo. (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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

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

(d) Street No. 3 Miles South Tipton, Mo (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country Native

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3. (a) PRINT FULL NAME Arble W. Miller

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased August (Month), 16th (Day). 1889 (Year)

8. AGE: Years 53 Months 11 Days 29 If less than one day ___ hr. ___ min.

9. Birthplace Moniteau County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer&Stockman

11. Industry or business Farm

FATHER
12. Name Charles T. Miller
13. Birthplace Rockingham County Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Ann Weason
15. Birthplace -- Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A W Miller

(b) Address TIPTON—MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/18/43 (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cemetery Tipton, Mo

18. (a) Signature of funeral director Jewell E. Richards

(b) Address Tipton Mo

19. (a) Aug 17/1943 (Date received local registrar) (b) Mrs. Leo Ferguson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16th. year 1943 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from 7-12-43, 19__, to 8-16-43, that I last saw him alive on Aug 16 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver and Gall bladder

Due to —

Due to —

Other conditions — (Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of Liver and Gall bladder

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. B. Norman M.D. (M. D. or other)

Address Tipton Mo Date signed 8-17-43

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(Licensed Embalmer's Statement on Reverse Side)

SEP 23 1946

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 James E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton, 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, fact should be so stated above.