S. No. 2-
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 18 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35065

Registration District No. 38 Primary Registration District No. 5979 Registrar's No. 17

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Balmar (Rural) E. Jooney (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6 Miles South of Balmar (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community 54 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk

(c) City or town Balmar (Rural) 84 (If outside city or town limits, write "RURAL")

(d) Street No. 6 Miles South of Balmar (If rural, give location)

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

If yes, name country None

3. (a) PRINT FULL NAME Samuel Marion 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 Minnie Miller

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased June (Month) 14 (Day) 1865 (Year)

8. AGE: Years 79 Months 4 Days 1 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name John Miller
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S. M. Miller

(b) Address Balmar, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 20 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Slagle Cemetery

18. (a) Signature of funeral director Erwin Blue

(b) Address Balmar, Mo.

19. (a) Oct 18-44 (Date received local registrar) (b) Hillard Dickinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15 year 1944 hour 2:10 minute P. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw him alive on Oct 14 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute heart failure

Due to Chronic myocarditis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

93d

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 D. Mullaw (M. D. or other)

Address Bolivar Date signed

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
D... Health Officer No. 7
District ... 10-44-1288
Date Filed 11-9-44

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 Willard D. Erwin

Licensed Embalmer No. 3092

P. O. Address Belmar, 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.