

S. No. 2  
M-8-43  
v. 5-17-39  
X37823

24174 ✓

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUL 21 1945

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Rural Prairie Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Jackson County Emg Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days  
In this community 3 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Independence 4  
(If outside city or town limits, write "RURAL")  
(d) Street No. 512 Winner Court 4  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Chester Miller

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

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced, Mar 1  
6. (b) Name of husband or wife Minnie Miller 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased May 1856  
(Month) (Day) (Year)

8. AGE: Years 89 Months 1 Days 5 If less than one day hr. min.

9. Birthplace Arlington Ohio 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Coal miner

11. Industry or business

12. Name Tobias Miller

13. Birthplace Germany 11  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Ward  
15. Birthplace Germany 11  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Chester Miller  
(b) Address 512 Winner Court Independence Mo.

17. (a) Burial (b) Date thereof June 8, 45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Floral Hills Cem.

18. (a) Signature of funeral director Geo. C. Carson  
(b) Address Independence Mo.

19. (a) June 2-45 F. M. Schuck 346 Mo. (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1945 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from May 29-1945, 19, to June 4-45, 19; that I last saw him alive on June 4-1945, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Anemia  
Due to: prolonged epistaxis  
Due to: Hypertension  
Other conditions: Senile dementia  
(Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy: 730

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) Means of injury  
23. Signature J. P. Cochran (M.D. or other) Address 1129 Campbell Date signed 6/10/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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 OK McFarland

Licensed Embalmer No. 4397

P. O. Address Independence 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.**