No. 2
12-45
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5447

Registration District No. 206 | Primary Registration District No. 5751 | Registrar's No. 18

1. PLACE OF DEATH:
(a) County: MADISON
(b) City or town: Rural — St. Michael
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Village Creek /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: NONE (Specify whether
In this community: 75 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: MADISON 62
(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Village Creek 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: John Henry 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: widower
6. (b) Name of ~~husband or~~ wife: Cora Alice Miller
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: Feb. (Month) 6 (Day), 1861 (Year)

8. AGE: Years 86 | Months 0 | Days 29 | If less than one day: hr. min.

9. Birthplace: Yount (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: FARMER
11. Industry or business: NONE

MOTHER FATHER
12. Name: William Miller
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country) 4
14. Maiden name: CATHERINE HAHN
15. Birthplace: Yount (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant: Rowland Miller
(b) Address: R#2, Fredericktown, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-47 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Fredericktown, Mo.
18. (a) Signature of funeral director: Sam Najim, Jr.
(b) Address: Fredericktown, Mo.
19. (a) 3-7-47 (Date received local registrar) (b) Florence Hicks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day Mch year 1947 hour 10 minute 0 M.
21. I hereby certify that I attended the deceased from Mch 1, 1947, to 3-5, 1947, that I last saw him alive on Mch 5, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Interstitial nephritis — Duration: 1 year
Due to:
Due to: B/P
Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings: Of operations: Valvular heart lesions
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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: M Harry Barron (M. D. ~~or other~~)
Address: Fredericktown Mo Date signed 3/7/47

187 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

File Number 347-351

Date Filed 3-12-42

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 Sam Najim, Jr.

Licensed Embalmer No. 4299

P. O. Address Fredericktown, 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.