o. 2
/47
7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 1 1948
Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4540
Primary Registration District No. 2000
Registrar's No. 174

1. PLACE OF DEATH:
(a) County Green
(b) City or town Springfield Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1415 University
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 8 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Springfield Mo (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1415 University 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME PHILIP W MILLER
3. (b) If veteran, name war None
3. (c) Social Security No. ✓ ?
4. Sex Male 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Maye B. Miller
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased September (Month) 15 (Day) 1879 (Year)

8. AGE: Years 68 | Months 5 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Iowa (State or foreign country) 1
10. Usual occupation Salesman, Real Estate
11. Industry or business
FATHER
12. Name ✓ Unknown
13. Birthplace ✓ Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name ✓ Unknown
15. Birthplace ✓ Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Maye B. Miller 1
(b) Address 1415 University
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City Mo.
18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address 630 St. Louis St.
19. (a) 2-23-48 (Date received local registrar) (b) W.E. Handley M.D. (Registrar's signature) 111

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21
year 1948 hour 4 minute — P M.
21. I hereby certify that I attended the deceased from Unattended by a physician 19..., to ..... 19.....;
that I last saw h..... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death probably strangulation of small intestine	
Due to	1 wk
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

122 B

PHYSICIAN
Underline the cause of 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) 8
While at work? (e) Means of injury
23. Signature W. E. Handley local registrar (M. D. or other)
Address Springfield Mo Date signed 2/23-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MAR 20

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 William R. Hoadley, Registered Apprentice No. 473, working under my personal supervision.

Signed Jewell E. Kindle

Licensed Embalmer No. 2831

P. O. Address Springfield 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.