

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24280

State File No.

Registration District No. 309

Primary Registration District No. 5432

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Miller Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 27 Years
years, months or days)

3. (a) PRINT FULL NAME Addie Cornelius Miller

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Miller 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Aug 7 1875
(Month) (Day) (Year)

8. AGE: — Years Months Days If less than one day
66 9 20 hr. min.

9. Birthplace Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Not Known

13. Birthplace Not Known
(City, town, or county) (State or foreign country)

14. Maiden name Paulina Miller

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant my Anna Miller

(b) Address M. E. Hall mo

17. (a) Burial (b) Date thereof 7/28/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakridge

18. (a) Signature of funeral director W. L. Campbell

(b) Address Pattonburg Mo.

19. (a) July 30-42 (b) W. L. Campbell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gentry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Miller Twp
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 27
year 1942 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from June 6th 1942
to July 27th 1942
that I last saw him alive on June 11th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration unknown

Due to Chronic Bronchial Asthma 10 years or more

Due to Chronic Interstitial Nephritis unknown

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131a

Of autopsy _____ 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?

While at work? _____ (Specify type of place)
(e) Means of injury 1

23. Signature W. L. Campbell (M. D. or other)
Address Pattonburg Mo Date signed July 28 1942

(Licensed Embalmer's Statement on Reverse Side)

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

008

1108

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

J. L. Lamer

Licensed Embalmer No. 2857

P. O. Address: Pattonsburg, 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.