S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 3 1949
Registration District No. 24

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40836
Primary Registration District No. 3046
Registrar's No. 70

1. PLACE OF DEATH:
(a) County Moniteau Co
(b) City or town California, Mo Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution ### 101 South East St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau
(c) City or town California. Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 101 South East St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Boyd M. Miller
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Olive L. Miller
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Sept (Month) 5 (Day) 1882 (Year)

8. AGE: Years 66 | Months 3 | Days 22 | If less than one day ___ hr. ___ min.

9. Birthplace Moniteau Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Vetinerian
11. Industry or business

MOTHER FATHER
12. Name J.P. Miller
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Mary J Haytor
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Olive L Miller
(b) Address California Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cemt. California
18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California, Mo
19. (a) 12-28-48 (Date received local registrar) (b) H.R. Peyton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27
year 1948 hour 3/30 minute ___ A.M.
21. I hereby certify that I attended the deceased from Sept 20, 1948, to Dec 27, 1948, that I last saw him alive on Dec 27, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	2 days
Due to: Generalized arteriosclerosis	3 years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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)
While at work? (e) Means of injury

23. Signature Kenyon Latham (M. D. or other)
Address California, Mo Date signed 12-28-48

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

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

RECEIVED
District Health Officer No. 9
JAN 6 1949

JAN 13 1949

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 James M. Foley, Registered Apprentice No. 219, working under my personal supervision.

Signed Earl R. Boselin

Licensed Embalmer No. 2126

P. O. Address California, Pa.

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.