MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILED OCT 12 1940

20

31773
Do not use this space.

1. PLACE OF DEATH
(a) County Cole — Registration District No. 211
(b) Township Marion — Primary Registration District No. 4128 — Registered No. 9
(c) or City Centertown, Mo, (d) Street No. ____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. (f) How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. PRINT FULL NAME Herman Miller
(a) Residence, No. Centertown, Mo, St. ____
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Etta Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July. 25. ~~1847~~ 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
	66	1	30	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ____
9. Industry or business in which work was done, as saw mill, bank, etc. Lumberman
10. Date deceased last worked at this occupation (month and year) 1. Day
11. Total time (years) spent in this occupation 18. Yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau County 0

FATHER
13. NAME Jonithon P. Miller 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Count y 0

MOTHER
15. MAIDEN NAME Mary Haytor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau County

17. INFORMANT (ADDRESS) B. M. Miller California Mo.

18. BURIAL, CREMATION, ENTOMBMENT PLACE Masonic Cemt DATE Sept. 26 40

19. FUNERAL DIRECTOR (NAME) Bowlin Funeral Home (ADDRESS) Ca, lifornia. Mo,

20. FILED Sept. 26 1940 B. T. Lack Local Registrar. E. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1940 to Sept 24, 1940
I last saw him alive on Sept 24, 1940 Death is said to have occurred on the date stated above, at 5:45 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	9/24/40
Aortic regurgitation	
Cerebral Thrombage	9/24/40

Other contributory causes of importance: GJH

Name of operation None Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____
Where did injury occur? ____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____
(Signed) James T. Gillies M.D.
(Address) Centertown, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINS, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 x1605

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 Earl R. Boulin

Licensed Embalmer No. 2126

P. O. Address California, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

No. 2B
-2-21-40
oI X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31773

Registration District No. 211 Primary Registration District No. 4128 Registrar's No. 9

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

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.:? years.

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

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive years
7. Birth date of deceased July 28 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 30 If less than one day hr. min.

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

MOTHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

FATHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Nov. 19-1940 (Date received local registrar) (b) H. T. Leach M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24
year 1940 hour minute M.
21. I hereby certify that I attended the deceased from , 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	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? Means of injury

23. Signature James T. Sullins (M. D. or other)
Address Centertown Mo. Date signed

SUPPLEMENTARY