

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.

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

12121
Do not use this space.

REC'D APR 7 1939

1. PLACE OF DEATH

(a) County St. Francois 2 Registration District No. 771
(b) Township Bismarck 1 Primary Registration District No. 4462
(c) City Bismarck (d) Street No. _____

Registered No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(How long in U. S., if of foreign birth? yrs. mos. ds. _____)

(e) Length of residence in city or town where death occurred yrs. mos. ds. _____

2. PRINT FULL NAME

4120 Edward Miller
(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dyana Miller Dec
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-1-1856
7. AGE YEARS 83 MONTHS ✓ DAYS 8 IF LESS than 1 day, _____ hrs. or _____ min.

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. Retired Farmer
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Creedon Mo

13. NAME Geo Miller 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

15. MAIDEN NAME Unknown 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Edw Miller
Bismarck Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Creedon DATE 3-6-1939

19. FUNERAL DIRECTOR (ADDRESS) White & Hill
Bismarck Mo

20. FILED mech 5 1939 W. G. H. H.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 4 1939
22. I HEREBY CERTIFY, That I attended deceased from 2-25 1939, to 3 1939
Last saw him alive on 3-5 1939. Death is said to have occurred on the date stated above, at 3:45 p. m.
The principal cause of death and related causes of importance were as follows:

Pneumonia
lobular
Other contributory causes of importance: Influenza 1/2
Date of onset _____

Name of operation _____ 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? no
If so, specify _____
(Signed) Yas W. Hoffman 1, M. D.
695 (Address) Bismarck

STATEMENT BY LICENSED EMBALMER

I, C J Hill, Licensed Embalmer No. 1852
hereby certify that the body recorded on the reverse side of this certificate was embalmed by C J Hill
I. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed C J Hill
Licensed Embalmer No. 1852

*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.)