

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44435

Registration District No. 743

Primary Registration District No. 5970

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Rural, Orick Imp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 37 yrs years, months or days)

3. (a) PRINT FULL NAME Henry Alonzo Miller 460

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 Minnie Leake Ferris 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased March 28 1851
(Month) (Day) (Year)

8. AGE: Years 88 Months 8 Days 17 If less than one day ✓ hr. ✓ min. ✓

9. Birthplace Fairfield County Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Henry Miller

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Judith Van Dyke

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wm. H. A. Miller

(b) Address Orick, Mo.

17. (a) Burial (b) Date thereof Dec. 17, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Pt.

18. (a) Signature of funeral director Libon T. Lom

(b) Address Orick, Mo.

19. (a) 12/16/39 (b) B. H. Lom
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Rural Orick Imp.
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles South Orick on river (mo)
(If rural, give location)
(e) If foreign born, how long in U. S. A. X years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15
year 1939 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from December 8, 1939, to Dec 15, 1939
that I last saw him alive on Dec 7, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to Hypertension, Arteriosclerotic Nephritis

Due to After stroke, at once, Paralysis, unable to swallow

Other conditions Coronary
(Include pregnancy within 3 months of death)

Major findings: Of operations no operation | 21

Of autopsy no operation 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? ✓

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

23. Signature Robt. Shurtz (M. D. or other) 1

Address Orick Mo Date signed 12-15-39

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.....

E.C. Gibson....., Registered Apprentice No. 151
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2299

P. O. Address Orick 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, above space should be left blank.