

JAN 15 1940

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

44300  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Pettis Registration District No. 668  
 (b) Township Flat Creek Primary Registration District No. 5891  
 (c) City \_\_\_\_\_ or \_\_\_\_\_ (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 Forest Lyvonne Miller  
 (a) Residence, No. 4409 Forest Lyvonne Miller St.  (If nonresident, give city or town and State)  
Sedalia Route 1 (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) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1934

7. AGE YEARS 5 MONTHS 3 DAYS 10 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. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Sedalia (STATE OR COUNTRY) Missouri

13. NAME Forest Miller

14. BIRTHPLACE (CITY OR TOWN) Pettis County (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Ernestine Gibson

16. BIRTHPLACE (CITY OR TOWN) Pettis County (STATE OR COUNTRY) Missouri

17. INFORMANT Forest Miller (ADDRESS) R 20 #1 Sedalia, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Dec 14 1939

19. FUNERAL DIRECTOR (NAME) McLaughlin (ADDRESS) Sedalia

20. FILED Dec 14 1939 Mrs. Harry Sneed Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11 1939

22. I HEREBY CERTIFY, That I attended deceased from as common sense only, 1939. I last saw him as common sense only. Death is said to have occurred on the date stated above, at 8:40 P.M.. The principal cause of death and related causes of importance were as follows:  
Fractured skull from automobile accident

Other contributory causes of importance: 219 m

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury Dec 11, 1939  
 Where did injury occur? Pettis County, Missouri (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Public Place  
 Manner of injury Hit by an automobile while crossing Highway  
 Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_ (Signed) Gordon Stauffer M. D.  
Commonwealth of Missouri (Address) Sedalia, Missouri

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.

RECEIVED  
District Health Officer No. 8,  
District File Number 1112/110  
Date Filed \_\_\_\_\_

**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.....

Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.**