

Registration District No. 668

Primary Registration District No. 3032

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town 1309 East 22nd Sedalia
(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 about six years (Specify whether years, months or days)

8. (a) PRINT FULL NAME Dean A. Miller 460

8. (b) If veteran, name war 460 8. (c) Social Security No. 460

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara Cave Miller 6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 28, 1915
(Month) (Day) (Year)

8. AGE: Years 25 Months 0 Days 17 If less than one day hr. min.

9. Birthplace Parsons, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Operated milk wagon.

11. Industry or business 0

12. Name G.F. Miller

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

14. Maiden name unknown

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

16. (a) Informant Mrs. John Miller

(b) Address 1309 East 22nd, Sedalia, Mo.

17. (a) Burial (b) Date thereof 5/16/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Sedalia, Missouri

18. (a) Signature of funeral director William Ewing
(b) Address Sedalia, Missouri

19. (a) 5-16-40 (b) Mrs. Harry Smed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No. 1309 East 22nd
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th
year 1940 hour 1 minute 10 A. M.

21. I hereby certify that I attended the deceased from as comes case only, 1940
that I last saw h alive on, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis (toxin)

Due to voluntary coronary

Due to potassium permanganate

Other conditions (Include pregnancy within 3 months of death) Inhalation pneumonia

Major findings: Of operations None

Of autopsy Same

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence 5-5-40

(c) Where did injury occur? Sedalia Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
906 (Specify type of place) Home
While at work (e) Means of injury gun

23. Signature Walter H. H. H. (M.D. or other) H. H. H.

Address Corning Pettis Co Date signed 5/15/40

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

80
4
4

5

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 6-14-70

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 Quane Ewing
Licensed Embalmer No. 3847
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.