FILED APR 10 1941

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

10656
Do not use this space.

1. PLACE OF DEATH
(a) County Greene Registration District No. 318
(b) Township or (c) City Springfield Mo. Primary Registration District No. 2901 Registered No. 183
(d) Street No. St. Baptist Hospital O 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 Perry Wayne Miller
(a) Residence, No. Christian Co. Missouri St. Brittner, Mo.
(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 Male O
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single O
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29, 1919
7. AGE Years 21 Months 8 Days 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) (STATE OR COUNTRY) Christian Co. Missouri O

FATHER
13. NAME M. B. Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian Co. Missouri O

MOTHER
15. MAIDEN NAME (Unknown) Matthews
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian Co. Missouri O

17. INFORMANT (ADDRESS) M. B. Miller Brunner Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Pells Cemetery DATE Mar. 5, 1941
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kelley and Ferrell Rogersville Mo.
20. FILED 3/5, 1941 W. E. Handley M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1, 1941
22. I HEREBY CERTIFY, That I attended deceased from February 13, 1941, to March 1, 1941
I last saw him alive on March 1, 1941. Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis (Pneumococcic)	Feb. 23 1941

Other contributory causes of importance:

Chronic Suppurative Otitis Media and Mastoiditis.	About 3 years ago.

Name of operation Radical Mastoid Date of Feb. 14th
What test confirmed diagnosis? Spinal puncture. Was there an autopsy? Yes
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) C. Souter Smith M. D.
(Address) Holland Bldg. Springfield Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, 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.

X16805

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 K. K. Kelley

Licensed Embalmer No. 9334

P. O. Address Seymour Ind

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

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