

Registration District No. 592 Primary Registration District No. 4350

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town Montgomery
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(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 years, months or days

3. (a) PRINT FULL NAME Dan Miller
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 24 th 1887
(Month) (Day) (Year)

8. AGE: Years 53 Months 9 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Rush Hill Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Wabash Employe

11. Industry or business Carrying mail

MOTHER FATHER
12. Name Herman Miller
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Ada Washburn
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Evelyn Appleby
(b) Address Montgomery City Mo

17. (a) Burial (b) Date thereof 5/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Montgomery City Cem.

18. (a) Signature of funeral director C. W. Hopkins
(b) Address Montgomery City Mo

19. (a) May 12, 41 (b) Paul Menefee
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Montgomery
(c) City or town Montgomery City
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 8
year 1941 hour 11 minutes 30 A. M.

21. I hereby certify that I attended the deceased from May 8, 1941, 19____, to May 8, 1941, 19____; that I last saw him alive on May 3, 1941, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion (sudden death)
Died on platform at Wabash
Due to depot while loading mail.

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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? _____

5-12 (Specify type of place) (e) Means of injury Regulator
While at work
23. Signature Paul Menefee (M. D. or other) _____
Address Montgomery City Mo Date signed 5-8-41

Duration 5 min.
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

70
1
6

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, on xx on the 9
day of May 1941
....., Registered Apprentice No.
working under my personal supervision.

Signed.....


Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.