

FILED JUN 22 1942

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 150

1. PLACE OF DEATH:

(c) County Cole
(d) City or town Jefferson City
(e) Name of hospital or institution: 411-W-Miller
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 71 yrs. (Specify whether years, months or days)
In this community 71 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(d) Street No. 411-W-Miller
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Oscar Monroe Miller

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 23 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 18 If less than one day hr. min.

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

10. Usual occupation Copier Hanger

11. Industry or business _____

MOTHER FATHER { 12. Name Fred Miller Penn
13. Birthplace _____
14. Maiden name Anna R. Swyle
15. Birthplace Penn

16. (a) Informant Mrs. M. Hebble
(b) Address 411-W-Miller

17. (a) Burial (b) Date thereof 6-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery
18. (a) Signature of funeral director Janna Swine
(b) Address 700 Jefferson

19. (a) 6-12-42 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1942 hour after midnight M.

21. I hereby certify that I attended the deceased from 7 yrs to 19 to June 11 1942
that I last saw him alive on about 2 wks before
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery disease. Sudden death found dead in bed. Never complained of heart disease was tested for
Due to _____
Due to heart disease

Other conditions washed the day before
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy no

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place) (e) Means of injury _____

23. Signature W. A. Hill (M. D. or other) _____
Address Jefferson City Mo Date signed 6/12/42

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

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.....

Licensed Embalmer No. 3641

P. O. Address

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, fact should be so stated above.