

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Prison Hosp. - 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days.
(Specify whether
In this community yes.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Okla (b) County Choctaw
(c) City or town Nugo Okla.
(If outside city or town limits, write "RURAL")
(d) Street No. 413 N Second St.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Roscoe O. Miller.
3. (b) If veteran, name war _____
3. (c) Social Security No. 445-03-9968

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 17th
year 1942 hour 9 minute 10 P.M.
21. I hereby certify that I attended the deceased from Aug 12th
1942 to Aug 17th 1942
that I last saw him alive on Aug 17th 1942
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or Race W.
6. (a) Single, widowed, married divorced, married
6. (b) Name of husband or wife Mary J. Miller 6. (c) Age of husband or wife if alive 18 yrs. years
7. Birth date of deceased Sept 3 1918
(Month) (Day) (Year)

Immediate cause of death Brain tumor Duration 1 month?
Due to Malignant
Due to 5th
Other conditions (Include pregnancy within 3 months of death) no
Major findings: Of operations Brain tumor.
Of autopsy _____

8. AGE: Years 23 Months 11 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Nugo Okla. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Brakeman BPAKEMAN

11. Industry or business Railroad.

12. Name Char P. Miller

13. Birthplace Pt. Scott Kans. 1
(City, town, or county) (State or foreign country)

14. Maiden name Thelma Colbert

15. Birthplace Louisville Ark. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Char P. Miller

(b) Address 813 E Jefferson St. Nugo Okla

17. (a) Removal (b) Date thereof: 8/18/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nugo Oklahoma

18. (a) Signature of funeral director Robert J. [unclear]

(b) Address 6633 Clayton Wood

19. (a) AUG 18 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature Geo H. [unclear] (M.D. or other) _____
Address 4960 Lueddell Av. Date signed 8/17/42

(Licensed Embalmer's Statement on Reverse Side) St. Louis Mo

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

MOTHER FATHER

20

DEC 8 1949

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.....
Van Sigmon....., Registered Apprentice No. *296*
working under my personal supervision.

Signed *Edward W. Beckherd*
Licensed Embalmer No. *2502*
P. O. Address *Clayton 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, fact should be so stated above.