

FILED DEC 11 1942

Registration District No. 449 176

Primary Registration District No. 6600

Registrar's No. 12

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Millersburg, Mo. R. # 1  
(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 60 days (Specify whether years, months or days)

In this community 60 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Millersburg, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. .... (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Wiley A. Miller

3. (b) If veteran, name war. —

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 14 year 1942 hour 1 minute 40 P.M.

21. I hereby certify that I attended the deceased from 11-14-42 to 11-14-42 and that death occurred on the date and hour stated above.

that I last saw him alive on 11-14-42

Immediate cause of death Myocardial Infarction

Duration 1/42

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Lydia 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased May 27 1885  
(Month) (Day) (Year)

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 946

8. AGE: Years 57 Months 5 Days 17 If less than one day hr. min.

9. Birthplace Livingston Co. Mo. 0  
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

10. Usual occupation.....

11. Industry or business.....

12. Name Wiley Miller

13. Birthplace Indiana 1  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Hatfield

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lydia Miller  
(b) Address Miller Mo.

17. (a) Burial (b) Date thereof 11-19-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deerant Home

18. (a) Signature of funeral director Wm. J. Deiman  
(b) Address Miller Mo.

19. (a) Nov. 23-1942 (b) Amos Whitney  
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury.....

23. Signature W. J. Deiman (M. D. or other) 0  
Address Miller Mo. Date signed 11-14-42

RECEIVED

District Health Officer No. 6,

District File Number 1242-1726

Date Filed DEC 9 1942

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*o. m. d. l. g.*

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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 *S. P. Lerman* .....

Licensed Embalmer No. 3297 .....

P. O. Address *Miller 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.**