

2-43  
7-39  
X35897

FILED APR 7 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 3000

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Parisville Mo  
(c) Name of hospital or institution: Laughlin Hospital  
(d) Length of stay: In hospital or institution six days  
In this community Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
(c) City or town Moberly  
(d) Street No. 543 Hagood St.  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: SIDNEY CLARENCE MILLER

3. (b) If veteran, name war None 3. (c) Social Security No. 491-07-2177

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Francis Miller 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased March-31-1889

8. AGE: Years 54 Months 11 Days 6 If less than one day hr. min.

9. Birthplace Moberly Mo

10. Usual occupation Meat Cutter

11. Industry or business \_\_\_\_\_

12. Name William P. Miller

13. Birthplace Kentucky

14. Maiden name Mary Franzer

15. Birthplace Randolph Co. Mo.

16. (a) Informant Mrs. Francis Miller

17. (a) Funeral (b) Date thereof Mar 8-1944

(c) Place: burial or cremation Salisbury Mo.

18. (a) Signature of funeral director Snow Funeral Home

(b) Address Moberly Mo.

19. (a) 3/8/44 (b) Registrar's signature Mrs. L. W. Agure

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6<sup>th</sup> year 1944 hour 7 minute 40 P.M.

21. I hereby certify that I attended the deceased from Feb 29 1944 to Mar 6 1944  
that I last saw him alive on Mar 6 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Peritonitis

Due to Rupture of stomach Duration 7/25/44

Due to chronic peptic ulcers

Other conditions: chronic alcoholism & decompensated heart lesion

Major findings: large ulcer abdomen abscess drained 13/4/44  
Of operations \_\_\_\_\_  
Of autopsy 117a

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature Carl Laughlin (M. D. or other) D.O.  
Address Parisville Mo Date signed 3/8/44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 4-44-701

Date Filed APR 6 1944

---

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.....

*R. M. Carter*

Licensed Embalmer No. 4117

P. O. Address.....

*Moherly 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.