

FILED MAR 26 1947

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 445

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

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
619 E. Gordon St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)
In this community All His Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97
(c) City or town Marshall 1
(If outside city or town limits, write "RURAL")
(d) Street No. 619 E. Gordon 5
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME St. Clair Lewis 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 Married

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

7. Birth date of deceased September 15 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	61	5	10	hr. min.

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

10. Usual occupation Odd Jobs

11. Industry or business

12. Name David Miller

13. Birthplace Saline Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Ella Garrett

15. Birthplace Miami Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. St. Clair L. Miller

(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof 2/27/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Memorial Gardens

18. (a) Signature of funeral director A. Leslie Surrency
(b) Address Marshall, Mo.

19. (a) Feb 26, 1947 (b) Edw. J. Gray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25
year 1947 hour 7 minute 15 M.

21. I hereby certify that I attended the deceased from Feb. 12, 1947, to Feb 25, 1947
that I last saw him alive on Feb 24, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza 15 days ill
Duration

Due to _____

Due to _____

Other condition Congestive heart failure
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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 Edw. J. Gray (M. D. or other) _____

Address Marshall, Mo. Date signed 2-26-47

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-26-47

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 J. Leslie Swamy

Licensed Embalmer No. 3235

P. O. Address Marshall, 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.