

5. No. 2  
M-5-43  
5-17-39  
I X36671

FILED APR 28 1947

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Waynesville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Waynesville General  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ark. (b) County \* 2 999

(c) City or town Augusta  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Phillip Roland Wine Miller

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

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 16 1947  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 2 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Waynesville Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER

12. Name Owen Roland Wine Miller

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

14. Maiden name Merita Mae Downs

15. Birthplace Augusta Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Opal Dempsey

(b) Address Waynesville, Mo.

17. (a) Removal (b) Date thereof 4-18-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paragould, Arkansas

18. (a) Signature of funeral director Smith & Ferguson

(b) Address Rocky Mt.

19. (a) 4-23-47 (b) Athelma C. Buckthorn  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from April 16 1947, to April 18 1947; that I last saw him alive on April 18 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Heart malformation

Due to Type unknown

Due to Cause unknown

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

157E

Duration	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 Wm R. Lytle (M. D. or other) \_\_\_\_\_  
Address Waynesville, Mo. Date signed 4/18/47

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

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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 Eubert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address. Pickering MD

**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.**