

FILED JUN 10 1947

Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **189**

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

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:
420 E. 6th /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days) 10 years

3. (a) PRINT FULL NAME Lee Samuel Wade Miller

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

4. Sex Male Color or race White

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

6. (b) Name of husband or wife Minnie

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased May 4 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>0</u>	<u>13</u>	hr. min.

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

10. Usual occupation Retired P.R. Car Inspector

11. Industry or business.....

MOTHER { 12. Name Lee Miller

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

14. Maiden name Mollie Hammond

15. Birthplace Cooper Co Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wade Miller

(b) Address 420 E. 6th Sedalia Mo.

17. (a) Burial (b) Date thereof 5-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Enloe Cem. Russellville Mo.

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Sedalia Mo.

19. (a) 5-19-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 420 E. 6th
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 17
year 1947 hour 5 minute 30 A M.

21. I hereby certify that I attended the deceased from MAY 15, 1947, to MAY 17, 1947;
that I last saw him alive on MAY 17, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMATOSIS

Due to CARCINOMA OF PROSTATE

Due to.....

Other conditions CHRONIC MYOCARDITIS
(Include pregnancy within 3 months of death)

Major findings:
Of operations 51B

Of autopsy.....

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)

(g) Means of injury.....

23. Signature Chas. Gordon Shampale (M. D. or other) MD

Address Sedalia Missouri Date signed 5-17-47

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

6-2-47

died 5:30 a.m. May 17

JUN 10 1947

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 _____

KPM Coary

Licensed Embalmer No. _____

3153

P. O. Address _____

Sedalia 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.