

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 780

1. PLACE OF DEATH:

(a) County Duchesne  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri Methodist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether  
In this community 3 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth  
(c) City or town Grant City  
(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 LEMUEL PRICE MILLER

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Neva Jane Miller 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased May 16 1862  
(Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days 4 If less than one day hr. min.

9. Birthplace Denver MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation Jay Laborer

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

MOTHER, FATHER { 12. Name Jacob Miller  
13. Birthplace Denver MO.  
(City, town, or county) (State or foreign country)  
14. Maiden name Eveline Yates  
15. Birthplace Denver MO.  
(City, town, or county) (State or foreign country)

16. (a) Informant C.M. Miller  
(b) Address Denver, MO.

17. (a) Funeral (b) Date thereof 6-27-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant City MO.

18. (a) Signature of funeral director John C. Dunfee

(b) Address Grant City MO.

19. (a) 6-26-47 (b) L. L. Jenkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20  
year 1947 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from June 17 1947 to June 20 1947  
that I last saw him alive on June 20 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Congestive Heart Failure 36 hrs.  
Pulmonary Congestion 12 hrs.  
Diabetic Coma 3 hrs.  
Due to \_\_\_\_\_

Due to Chronic Diabetes yrs  
Chronic Myocarditis yr

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy no 61  
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 0

23. Signature H. S. Cannon (M. D. or other) \_\_\_\_\_  
Address St. Joseph MO Date signed 6-25-47

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

**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..... *Arch C. Dungee*.....  
Licensed Embalmer No. *3252*.....  
P. O. Address..... *Grant City, 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.**