S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33866

FILED OCT 29 1947
Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 324

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Southeast Missouri Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hours
In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cape Girardeau
(c) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No.: 535 S. Frederick St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ---------

3. (a) PRINT FULL NAME: Melvin Miller
3. (b) If veteran, name war: ---------
3. (c) Social Security No.: Unknown 490-70-8024
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Julia Miller
6. (c) Age of husband or wife if alive: ---- years
7. Birth date of deceased: January 5, 1883 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	9	8	hr. min.

9. Birthplace: Cape Girardeau County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Hodcarrier
11. Industry or business: Construction
FATHER
12. Name: Ike Miller
13. Birthplace: Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Verlene Pettit
(b) Address: 535 S. Frederick, Cape Girardeau
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 19, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairmont Cemetery
18. (a) Signature of funeral director: F. J. Sparks
(b) Address: Cape Girardeau, Missouri
19. (a) 10-20-47 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13 year 1947 hour 11:00 minute A. M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Traumatic shock	
Internal injuries +	
Compound fracture of	
Due to: the tibia + fibula	
Due to: Being struck by a 1934	
Ford 4-door sedan.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 7/10/8
Of autopsy: 7.0

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident 115
(b) Date of occurrence: Oct. 13, 1947
(c) Where did injury occur? Cape Girardeau (City or town) Cape (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on U.S. Highway 61 (Specify type of place)
While at work? yes (e) Means of injury: Auto
23. Signature: Dr. G. F. Sigmund (M. D. or other): Coroner
Address: Jackson, Mo. Date signed: 10/17/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4

District File Number 1047-1356

Date Filed 10-27-47

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 David E. Hayes Registered Apprentice No. 58, working under my personal supervision.

Signed Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau 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.