No. 2
1/47
7-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 14 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1660

Registration District No. 383 — Primary Registration District No. 5655 — Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County: Lawrence
(b) City or town: Mt. Vernon (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 429 days (Specify whether
In this community: 429 days (years, months or days)

2. USUAL RESIDENCE OF DECEASED: 62

(a) State: Missouri (b) County: Madison
(c) City or town: Fredericktown (If outside city or town limits, write "RURAL")
(d) Street No.: Route 1 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Wilburn Eugene Miller
3. (b) If veteran, name war: No
3. (c) Social Security No.: 499-30-0360
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Aug (Month) 24 (Day) 1928 (Year)

8. AGE: Years	Months	Days	If less than one day
19	4	16	hr. min.

9. Birthplace: Madison County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Shoe Factory Worker
11. Industry or business: Shoe
12. Name: Lee Miller
13. Birthplace: Madison County (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Laura Shoemaker
15. Birthplace: Madison County, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: E. McMichael, Record Clerk
(b) Address: Mo. State San. Mt. Vernon Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Jan 9 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Fredericktown
18. (a) Signature of funeral director: Nazim Furn Home
(b) Address: Fredericktown Mo
19. (a) 2/2/48 (Date received local registrar) (b) [signature] (Registrar's signature) 159

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 9 day 1948
year hour 1:20 minute A M.

21. I hereby certify that I attended the deceased from Nov. 6, 1946, to Jan 9, 1948, 19; that I last saw him alive on Jan 9, 1948, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Far Advanced Pulmonary Tuberculosis	Abt 2 yrs
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

13 B

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):
(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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Roy W. Dickman (M. D. or other)
Address: Roy W. Dickman, M.D. Mount Vernon, Mo Date signed 1-9-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 248-235
Date Filed FEB 12 1948

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 Geo. B. Orr,

Licensed Embalmer No. 946

P. O. Address Mt Vernon Ill.

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.