No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 1 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30597

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 276

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: Woodland Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether In this community lifetime in Pettis County years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia (If outside city or town limits, write "RURAL")
(d) Street No. 1631 East 5th (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JULIAN ERNEST MILLER
3. (b) If veteran, name war none
3. (c) Social Security No. 487-07-0406
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Virgie Wickliffe Miller
6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased September 20, 1911 (Month) (Day) (Year)

8. AGE: Years 36 Months 11 Days 24 If less than one day hr. min.

9. Birthplace Pettis County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Truck Driver
11. Industry or business Coal

FATHER
12. Name John Ernest Miller
13. Birthplace Morgan County, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Webb
15. Birthplace Slater, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Virgie Miller (wife)
(b) Address 1631 E. 5th, Sedalia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill
18. (a) Signature of funeral director Duane Ewing
(b) Address Sedalia, Missouri
19. (a) 9-16-48 (Date received local registrar) (b) Betty Yeager Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 14 year 1948 hour 2:00 minute P. M.
21. I hereby certify that I attended the deceased from Sept. 6, 1948 To Sept. 14 1948 ~~to~~ 19 ; that I last saw him alive on Sept. 14, 1948 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ruptured bile duct	4 days
Due to alcoholic hepatitis	14 days
Due to alcoholic cirrhosis of liver	1 yr.
Other conditions (Include pregnancy within 3 months of death)	

Major findings: as listed above
Of operations
Of autopsy

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 Glenn A. Walker (M. D. or other) DO.
Address 302 Ilg. Bldg. Sedalia, Mo. Date signed 9-15-48

Jefferson City Printing Co. 25 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-30-48

VS MAY 25 1959

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 Shane Ewing

Licensed Embalmer No. 3847

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.