

Registration District No. 369 Primary Registration District No. 4538

1. PLACE OF DEATH:

(a) County WAYNE
(b) City or town PIEDMONT
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 2 yr (Specify whether years, months or days)

3. (a) PRINT FULL NAME JAY LAFFETTE MILLER
(b) If veteran, name war ✓
(c) Social Security No. ✓

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MARTHA S. MILLER
6. (c) Age of husband or wife if alive 18 years (Day) (Year)
7. Birth date of deceased APR 18 1858 (Month) (Day) (Year)

8. AGE: Years 86 Months 1 Days 7 If less than one day ✓ hr. ✓ min.

9. Birthplace IRON CO. MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation FARM

11. Industry or business FARM

12. Name George MILLER
13. Birthplace MISSOURI (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant MRS. M. HICKMAN
(b) Address PIEDMONT

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof MAY 26 1944 (Month) (Day) (Year)

(c) Place: burial or cremation MEDICAL CEM. NEAR IRON CO.

18. (a) Signature of funeral director Wm. Gish
(b) Address PIEDMONT, MO.

19. (a) JUNE 15, 1944 (b) Mrs. Lottis Mammis (Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WAYNE 111
(c) City or town PIEDMONT 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 25 year 1944 hour 2 minute 30 AM.

21. I hereby certify that I attended the deceased from May 1, 1944, to May 25, 1944, that I last saw him alive on May 25, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis 5 days

Due to Had bronchial pneumonia & septic pulmonary emboli

Due to 83a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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) (e) Means of injury

23. Signature Wm. Gish (M.D. or other)
Address Piedmont, Mo. Date signed 6-12-44

RECEIVED

District Health Officer No. 4
District File Number 744-4008
Date Filed 7-5-44

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.....

Me....., Registered Apprentice No.....
working under my personal supervision.

Signed

Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address Piedmont, Missouri

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.