

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County 999
(c) City or town Sapulpa, Okla. (If outside city or town limits, write "RURAL") 31
(d) Street No. 112 South Oak Street, (If rural, give location) ANR.
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Elmer Ellsworth Miller

3. (b) If veteran, name war No. _____ 3. (c) Social Security No. 712-18-1947

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Louise Fletcher Miller 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Feb. 4, 1880
(Month) (Day) (Year)

8. AGE: Years 62 Months 9 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Redding, Iowa (City, town, or county) (State or foreign country) 1

10. Usual occupation Messenger Railway Express Agency

11. Industry or business Railway Express Agency, Inc

12. Name Sidney Webster Miller

13. Birthplace Virginia (City, town, or county) (State or foreign country) 1

14. Maiden name Isabelle Oliver

15. Birthplace ? (City, town, or county) (State or foreign country) 9

16. (a) Informant Jos. J. Johnson,
(b) Address 6056a Southwest Ave.

17. (a) Removal (b) Date thereof 11/27/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sapulpa, Okla.

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) NOV 27 1942 (b) J. J. Budek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27
year 1942 hour 1 minute 35 A.M.

21. I hereby certify that I attended the deceased from Oct. 23, 1942 to Nov. 27, 1942
11 to 19 _____
that I last saw him alive on Nov. 27, 1942.
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis
Chronic Bronchitis
Generalized Atherosclerosis
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN

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) Means of injury 0

23. Signature David A. Goldman M. D. XXXX
Address 4960 Laclede Ave. Date signed 11/27/42

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

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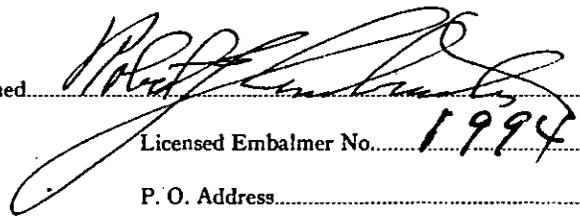
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STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No..... 1994

P. O. Address.....

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.