

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

21027
Do not use this space.

REC'D JUL 12 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 397
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 2477
 (c) City Kansas City (d) Street No. 2102 Pennsylvania St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Joseph William Miller 460
 (a) Residence, No. 2102 Pennsylvania St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF House Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
41 9 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. usher
 9. Industry or business in which work was done, as saw mill, bank, etc. Union Station
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peru Illinois

FATHER 13. NAME John Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Earnestine Work

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) House Miller 2102 Penn.

18. BURIAL, CREMATION, OR REMOVAL PLACE Peru, Ill. DATE 6-20-38

19. FUNERAL DIRECTOR (ADDRESS) J. P. Davis Funeral Home 340 Woodland

20. FILED June 20, 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-20-38

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw deceased alive on 19..... Death is said to have occurred on the date stated above, at 1:15 A.M.

The principal cause of death and related causes of importance were as follows:

Thrombotic Coronary Date of onset

Other contributory causes of importance:

Name of operation Autopsy Date of 6-20-38
 What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? Home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury Heart

24. Was disease or injury in any way related to occupation of deceased? Yes, specify

(Signed) Russell J. Jenks M. D.
 (Address) Peru, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)