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.

REC'D DEC 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38375
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson 2 Registration District No. 399
(b) Township Kaw 1 Primary Registration District No. 1002 Registered No. 4609
(c) City Kansas City (d) Street No. 2746 Gillam Rd. 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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 460 George Martin MILLER.
(a) Residence, No. 2746 Gillam Rd. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pearl Cavanaugh
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 10, 1888.
7. AGE: YEARS 50 MONTHS 10 DAYS 17 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Motion Picture
9. Industry or business in which work was done, as saw mill, bank, etc. Operator.
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) Missouri. 0

FATHER
13. NAME John Henry Miller.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. 9

MOTHER
15. MAIDEN NAME Matilda Lionyston.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. 9

17. INFORMANT (ADDRESS) Mrs Helen Beaton. (Daughter) 5421 East 27th Terrace.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE 11/29/38 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mellody-McGilley. K. C. Mo.
20. FILED Nov 28, 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27, 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1938, to Nov 27, 1938
I last saw him alive on Nov 27, 1938. Death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute heart failure.	
Coronary thrombosis	
Hypertension	
Beginning pneumonia	
Br. asthma	

Other contributory causes of importance: 94B

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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? (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

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Leon H Rubnitz, M. D.
(Address) 400 Bldg

(Licensed Embalmer's Statement on Reverse Side)

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.....

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, above space should be left blank.