

1938

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

43300
Do not use this space.

1. PLACE OF DEATH 2
 (a) County Jackson Registration District No. 398
 (b) Township Abbe Primary Registration District No. 3019
 (c) City Independence, Mo. (d) Street No. Home 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 460 Henry J. Miller
 2. PRINT FULL NAME
 (a) Residence, No. Doris Ave. & 24 Highway 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 M. Miller
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15, 1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 0 24
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired steel
 9. Industry or business in which work was done, as saw mill, bank, etc. worker
 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
 FATHER 13. NAME Franklin Miller
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Hannah Steimeyer
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT Clyde M. Miller
 (ADDRESS) 24 hi-way & Doris Ave., Indep., Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE December 12, 38
 19. FUNERAL DIRECTOR (NAME) Morton Funeral Home
 (ADDRESS) North Kansas City, Mo.
 20. FILED 12-13, 1938 J. L. Clark
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8, 1938, 19
 22. I HEREBY CERTIFY, That I attended deceased from 11-6-38, 19, to Dec 8-1938, 19.
 I last saw him alive on Dec 8, 19. Death is said to have occurred on the date stated above, at 5 P. M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of stomach & hepatic metastasis
Hb
 Other contributory causes of importance: Inanition
 Name of operation none Date of
 What test confirmed diagnosis? clinical Was there an autopsy? no
 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 no
 (Signed) V. J. Garth, M. D.
 (Address) Independence, 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 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.