

DEB'D MAR 9 1939

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

5374  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 573  
 (c) City Kansas City, Mo. (d) Street No. 2822 Askew Avenue, K. C. Mo. 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.

2. PRINT FULL NAME George Albert Miller,  
 (a) Residence, No. 2822 Askew Avenue, K. C. Mo. 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31st, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 8 11

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

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois  
 13. NAME Lemuel Miller  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Mary Ann Simmons  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Mrs. Edna Eads  
 (ADDRESS) 2822 Askew Avenue, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Feb. 13th, 1939

19. FUNERAL DIRECTOR (NAME) Mrs. C. L. Forster  
 (ADDRESS) 918 Brooklyn Avenue, K.C. Mo.

20. FILED 7 11 39 M. M. Brown  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb-1, 1939, to Feb-10, 1939  
 I last saw him alive on Feb-10, 1939. Death is said to have occurred on the date stated above, at 7: A.M.  
 The principal cause of death and related causes of importance were as follows:  
Myocarditis Insufficiens  
11 B

Date of onset

Other contributory causes of importance:  
Influenza

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 Feb 10, 1939  
 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?  
 If so, specify Albert D. Harris M. D.  
 (Signed) 318 Huron Blvd  
 (Address) K.C. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Phone 2100000

2-706

**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.**