REC'D MAY 10 1939

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

14000
Do not use this space.
1754

1. PLACE OF DEATH
(a) County Jackson | Registration District No. 399
(b) Township Kaw | Primary Registration District No. 1002 | Registered No.
(c) City Kansas City | (d) Street No. Menorah Hosp 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 460 Morris H. Miller
(a) Residence, No. 3405 Wayne 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 15, 1879.

7. AGE: Years 59 | Months 9 | Days 10 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Merchant
9. Industry or business in which work was done, as saw mill, bank, etc.
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): Russia ?

FATHER
13. NAME: Daniel Miller ?
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia ?

MOTHER
15. MAIDEN NAME: Anna — ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

17. INFORMANT (ADDRESS): Rose Miller 3405 Wayne

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sheffield Cem DATE: 4-26-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): J. Phavis Funeral Home 3400 Woodland

20. FILED: Apr 26, 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-25-1939

22. I HEREBY CERTIFY, That I attended deceased from 4-23, 1939, to 4-25, 1939
I last saw him alive on 4-25, 1939. Death is said to have occurred on the date stated above, at 7:13 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	4-23-
Pulmonary embolism	4-25

Other contributory causes of importance: 9460

Name of operation: none Date of: —
What test confirmed diagnosis? Phys. Sig. 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?
If so, specify
(Signed) A Warren Gunshan M. D.
(Address) 420 Ray Bldg

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-1-38 I X14028

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.