

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.

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

24678  
Do not use this space.

REC'D AUG 7 1939

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 2891  
 (c) City Kansas City, Mo. (d) Street No. 2200 Benton 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 Mable Wm. Marshall Miller  
 (a) Residence, No. 22-00 Benton 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
53 2 24

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Police Officer  
 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) Missouri

FATHER  
 13. NAME Chas. Miller  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER  
 15. MAIDEN NAME Nancy Griffith  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Mable Miller  
 (ADDRESS) 2200 Benton, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Memorial Park Cem. DATE July 17th 1939

19. FUNERAL DIRECTOR (NAME) C.H. Blackman & Son, Inc.  
 (ADDRESS) 2825 Inden Blvd. K.C. Mo.

20. FILED July 17, 1939 M. M. Browne  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15th 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-12-1937, to July 15, 1939  
 I last saw him alive on July 14, 1939. Death is said to have occurred on the date stated above, 4:15 m. AM  
 The principal cause of death and related causes of importance were as follows:  
Recurrent epithelioma of right lower lip extending into cheek and neck 45  
 Date of onset 10/19/35

Other contributory causes of importance:  
Ulceration & hemorrhage 6 mo

Name of operation Cautery reaction Date of 8-25-37  
 What test confirmed diagnosis? Laboratory 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.  
also had noxium Jan. '38  
 Manner of injury poison May '36  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify no  
 (Signed) C. D. Swynan, M. D.  
 (Address) 1314 Professional Bldg. Kansas City, Mo.

Dr. Elmer Twyman

Prof. Bldg.

*Blackman*

**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..... *H. D. Blackman*

Licensed Embalmer No. *3639*

P. O. Address *H. C. Mo*

**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.**