

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County. Jackson
(b) City or town. Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community. -- years, months or days)

3. (a) PRINT FULL NAME. Miller infant 460

3. (b) If veteran, name war. No 3. (c) Social Security No. NO.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife. -- 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased. July 30, 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
-- -- -- 6 hr. -- min.

9. Birthplace. K.C.Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

12. Name. Howard Miller

13. Birthplace. Missouri (City, town, or county) (State or foreign country)

14. Maiden name. Mildred Cornett

15. Birthplace. Missouri (City, town, or county) (State or foreign country)

16. (a) Informant. Record Clerk

(b) Address K.C. General Hospital

17. (a) Burial (b) Date thereof. 8-1-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Niangua, Mo.

18. (a) Signature of funeral director. Wm. A. Lohmeyer

(b) Address K.C. General Hospital, K.C., Mo.

19. (a) AUG. 1, 1940 (b) M.M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits write "RURAL")
(d) Street No. 529 Marsh (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st
year 1940 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from July 30th, 1940, to July 31st 1940, 1940;
that I last saw him alive July 31st 1940, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to _____

Due to _____

Other conditions. _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations. _____

Of autopsy. _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. H. Thore (M. D. or other) _____
Address Med. Dir. K.C. Gen. Hospital Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

to

of

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.