S. No. 2
—11-10-39
. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34524

NOV 1 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4040

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

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:
1901 Hardesty Avenue 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -------- (Specify whether
In this community 53 Years
years, months or days)

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")

0

(d) Street No. 1901 Hardesty Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? -------- years.

3. (a) PRINT FULL NAME Mr. Thomas Alvin Miller, Sr.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Betty Miller

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased May (Month) 24 (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	4	25	hr. min.

9. Birthplace Lincoln (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Laborer 1

11. Industry or business --------

FATHER
12. Name Thomas Miller 1
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Elizabeth Gilmore
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs Ward Martin
(b) Address 1172 East 66 St - KC Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 21, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 10-21-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18th year 1940 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from Oct. , 1938, to Oct. 18, 1940 that I last saw him alive on Oct. 18, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. Myocarditis	4 years
Due to	
Due to	
Other conditions Chr. Interstitial Nephritis (Include pregnancy within 3 months of death)	4 years
Major findings: Of operations None 131	
Of autopsy None	

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?
(Specify type of place)

While at work? (e) Means of injury 1

23. Signature John R. Lewis (M. D. or other) M.D.

Address 3546 Sterling Date signed 10-19-40

(Licensed Embalmer's Statement on Reverse Side)

3548 Indiana Avenue
2.5.

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 A. O. Newcomer Jr.

Licensed Embalmer No. 4043

P. O. Address K 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.