No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34609

FILED NOV 12 1940

Registration District No. 1009

Primary Registration District No. 1002

Registrar's No. 4125

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: Lakeside Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 Days (Specify whether years, months or days)

In this community 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Rural (If outside city or town limits write "RURAL")

(d) Street No. R. F. D. # 3 (If rural, give location)

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

3. (a) PRINT FULL NAME Mr. Chester Oliver Miles

3. (b) If veteran, name war None

3. (c) Social Security No. 487-09-4281

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Nellie Miles

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased April (Month) 15 (Day) 1910 (Year)

8. AGE: Years 30 Months 6 Days 12 If less than one day ..... hr. ..... min.

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

10. Usual occupation Cabinet Builder

11. Industry or business Chevrolet Plant

FATHER
12. Name Thomas Miles
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Dora Stringer
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Co. Miles

(b) Address 2236 Brighton

17. (a) Stover, Mo. (Burial, cremation, or removal) (b) Date thereof Oct. 28-1940 (Month) (Day) (Year)

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

18. (a) Signature of funeral director D W Newcomer's Son

(b) Address Paxco & Brush Creek.

19. (a) 10-28-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27th year 1940 hour 11 minute 05 P. M.

21. I hereby certify that I attended the deceased from 10/10/40, 19..., to 10/27/40, 19...; that I last saw him alive on 10/27/40, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death acute Parenchymatous nephritis 36 to 48 hrs

Due to acute Hepatitis Hemolytic jaundice

Due to with numerous abscess. 125 B

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy same as above

Duration

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

23. Signature A R Fricke D O (M. D. or other)

Address 4610 Troost ave Date signed 10/28/40

(Licensed Embalmer's Statement on Reverse Side)

JUN 18 1946

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.