No. 2
1-10-39
17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1940

Registration District No. 99

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34622

Primary Registration District No. 1002

Registrar's No. 4138

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: 3

Kansas City Conv. Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)

In this community 18 Years

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. 3248 Prospect (If rural, give location)

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

8. (a) PRINT FULL NAME James R. Miles

3. (b) If veteran, name war No

8. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Gobe Riggs Miles

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

7. Birth date of deceased Sept. (Month) 11 (Day) 1856 (Year)

8. AGE: Years 84 Months 1 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) 4 (State or foreign country)

10. Usual occupation Stationary Engineer

11. Industry or business

FATHER
12. Name James Miles
13. Birthplace (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Hamilton
15. Birthplace (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Mrs. Wm. H. Heller
(b) Address 3248 Prospect

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 30, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director Roe - Walter
(b) Address 7406 Wornall Rd.

19. (a) 10-29-40 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27 year 1940 hour 11:10 minute P M.

21. I hereby certify that I attended the deceased from Oct 27, 19..., to Oct 27, 1940; that I last saw him alive on Oct 27, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Cerebral Hemorrhage

Due to

Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death) NAN

Major findings:
Of operations

Of autopsy

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. P. Lawrence (M. D. or other)
Address 428 E. White Date signed 10-27-40

(Licensed Embalmer's Statement on Reverse Side)

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

Harlyn Roe, Registered Apprentice No.

working under my personal supervision.

Signed Harlyn Roe

Licensed Embalmer No. 2810

P. O. Address Reno

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

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