

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4375**

**FILED DEC 11 1940**

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: **General Hospital #2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **11-2-40-11-15-40**  
In this community **40 years** (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo.** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limit, write "RURAL")  
(d) Street No. **584 Tracy Ave.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **John A. Miller**

3. (c) Social Security No. **None listed**  
8. (b) If veteran, name war \_\_\_\_\_

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Armintha Miller** 6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased (Month) (Day) (Year) **unk. 1896**

8. AGE: Years **45** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Sweet Springs, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Laborer W.P.A.**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Archie Miller**  
13. Birthplace **unk. unk.** (City, town, or county) (State or foreign country)  
14. Maiden name **Sallie** (City, town, or county) (State or foreign country)  
15. Birthplace **unk. unk.** (City, town, or county) (State or foreign country)

16. (a) Informant **Record Clerk**  
(b) Address **General Hospital #2**

17. (a) **Burial** (b) Date thereof **11 18 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sweet Springs Mo.**

18. (a) Signature of funeral director **Adkins Bros.**

(b) Address **2000 E. 12th St. Mo.**

19. (a) **11-17-40** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **11** day **15**  
year **40** hour **4** minute **P.** M.

21. I hereby certify that I attended the deceased from **11-2-** 19 **40** to **11-15-** 19 **40**  
that I last saw him alive on **11-15-** 19 **40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized Toxemia**

Due to **Appendiceal Abscess with Generalized Peritonitis.**

Other conditions (Include pregnancy within 3 months of death) **12/1**

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 **1**

23. Signature **A. C. Thurman** (M. D. or other)

Address **Gen. Hosp. #2** Date signed **11-17-40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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

*Edw Evans*

Licensed Embalmer No. 3836

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.**