

RECEIVED APR 15 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 9651

Registrar's No. 1060

Registration District No. 399

Primary Registration District No. 1002

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: 3rd & Wyandotte  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 (Specify whether  
in this community --- years, months or days)

3. (a) PRINT FULL NAME JOSEPH ALFRED MILLER

3. (b) If veteran, name war No 3. (c) Social Security No. 495-03-3049

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Maude L. 6. (c) Age of husband or wife if alive 39 years  
7. Birth date of deceased July 14, 1900  
(Month) (Day) (Year)

8. AGE: Years 40 Months 7 Days 28 If less than one day hr. min.

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

10. Usual occupation Shipping Clerk  
11. Industry or business Wm. Volker Furniture Co.

MOTHER FATHER { 12. Name Joseph A. Miller  
13. Birthplace Italy 5  
(City, town, or county) (State or foreign country)  
14. Maiden name Petra Thorpe  
15. Birthplace Ohio 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maude Miller  
(b) Address 2004 Monroe  
17. (a) Burial (b) Date thereof March 15, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.  
(b) Address Kansas City, Mo.

19. (a) 3/14/41 (b) M. M. Crow  
(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. 2004 Monroe  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 17 year 1941 hour 11:50 minute 0 M.  
21. I hereby certify that I attended the deceased from 11:50 A.M.  
that I was alive on 3-17-41 and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

acute pul monary congestion  
causing occlusion of  
hemorrhage into an  
arteriole  
plague

Other conditions (within 3 months of death) \_\_\_\_\_  
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?  
While at work? \_\_\_\_\_ (Specify type of place) (State of injury)  
23. Signature M. M. Crow (M. D. or other) \_\_\_\_\_  
Address 19. P. Mo Date signed \_\_\_\_\_

**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

*B. H. Blackman*

Licensed Embalmer No. *2244*

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, fact should be so stated above.**