

FILED JUL 1941

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:
St. Marys Hospital
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Walter Wesley McMillian

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: May 11, 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0 0 22 hr. min.

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

10. Usual occupation: Infant

11. Industry or business _____

MOTHER FATHER

12. Name Andrew Lawrence McMillian

13. Birthplace Johnson County Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Evelyn Andersen

15. Birthplace Tulsa Oklahoma
(City, town, or county) (State or foreign country)

16. (a) Informant Andrew L. McMillian

(b) Address 752 Stewart, Kansas City, Kans.

17. (a) Burial (b) Date thereof 6/3/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill, K.C.K.

18. (a) Signature of funeral director Geo. H. Wang

(b) Address Kansas City, Kansas

19. (a) 6/3/41 (b) W. M. G. Stone
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 048

(a) State Kansas (b) County Wyandotte

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

(d) Street No. 752 Stewart
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1941 hour 1 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 6/2/41
6/2/41, 19 to 6/2/41, 19;
that I last saw him alive on 6/2/41, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death
Thrombosis of coronary arteries
with myocardial infarction

Due to _____

Due to _____

Other conditions (Include pregnancy within 6 months of death) _____

Major findings: _____

Of operations _____

Of autopsy See report

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature [Signature] (M. D. or other) 6/3/41

Address [Signature] Date signed _____

P. J. O'Connell
334 Broadway
Med. art. Bldg.
St. Louis

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

Geo. H. Long

Licensed Embalmer No. *1263*

P. O. Address

Kansas City, Kan

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.