

**FILED AUG 10 1941**

Registration District No. **399**

Primary Registration District No. **1002**

4839  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City Missouri**

(c) Name of hospital or institution: **Childrens Mercy Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **9 Days**  
(Specify whether years, months or days) **7 Months**

3. (a) PRINT FULL NAME **Patricia Marie MILLER**

3. (b) If veteran, name war. **-----**

3. (c) Social Security No. **-----**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced. **-----**

6. (b) Name of husband or wife. **-----**

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

7. Birth date of deceased. **December 6th 1940**  
(Month) (Day) (Year)

8. AGE: Years **000** Months **7** Days **3** If less than one day **-----** hr. **-----** min.

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

10. Usual occupation. **-----**

11. Industry or business. **-----**

MOTHER FATHER

12. Name **John H. Miller**

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

14. Maiden name **Clara Reardon**

15. Birthplace **Kansas City Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **John H. Miller**

(b) Address **147 South Drury Street**

17. (a) **Burial** (b) Date thereof **7-11-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St Marys Cemetery**

18. (a) Signature of funeral director **Mellody McGilley**

(b) Address **Kansas City Missouri**

19. (a) **7-10-41** (b) **M. H. Crowe**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **147 South Drury St.**  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **9th**  
year **1941** hour **3:40** minute **A.M.** M.

21. I hereby certify that I attended the deceased from **July 1st**, 19**41** to **July 9th**, 19**41**, that I last saw her alive on **July 9th 1941** and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**

Due to **Pertussis**

Due to **-----**

Other conditions (Include pregnancy 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) (e) Means of injury **-----**

23. Signature **-----** (M. D. or other) **A**  
Address **227 Plaza Theatre** Date signed **7-9-41**

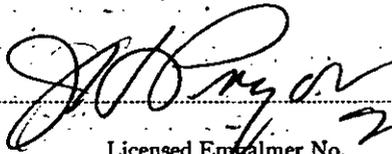
**STATEMENT BY LICENSED EMBALMER**

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. 267

working under my personal supervision.

Signed.....



Licensed Embalmer No. 2999

\* P. O. Address..... KC

**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.**