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K28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24268**
Registrar's No. **2807**

FILED AUG 10 1941

Registration District No. **399**

Primary Registration District No. **1002**

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: **Research Hospt.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 Days**
In this community **4 Yrs.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **James Henry Miller**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **486-18-2615**

4. Sex **Male** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Edna Miller** 6. (c) Age of husband or wife if alive **23** years
7. Birth date of deceased **Aug. 11 1917**
(Month) (Day) (Year)

8. AGE: Years **23** Months **11** Days **14** If less than one day hr. min.

9. Birthplace **Camden Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Corn Products Co.**

11. Industry or business

MOTHER FATHER { 12. Name **Herbert D. Miller**
13. Birthplace **Camden Co. Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Sabra Risner**
15. Birthplace **Camden Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edna Miller**
(b) Address **2017 Erie North K. C.**
17. (a) **Removal** (b) Date thereof **July 28-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **New Franklin Mo. Duncan Funeral Home**

18. (a) Signature of funeral director
(b) Address **New Franklin Mo.**
19. (a) **7-26-41** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Clay Co.** **024**
(c) City or town **North K.C.** **3**
(If outside city or town limits, write "RURAL") **1**
(d) Street No. **2017 Erie**
(If rural, give location)
(e) Citizen of foreign country? **1** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **25**
year **1941** hour minute M.
21. I hereby certify that I attended the deceased from **Jul. 20** 19**41** to **7/25** 19**41**
that I last saw him alive on **July 25** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Multiple Abscesses of Brain** Duration
Due to **Chr. Emphysema** 110
Due to **Pneumonia Lobar** yrs ago
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy **Multiple Abscesses of Brain** 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? Means of injury
23. Signature **O. S. Pate** (M. D. or other) **MD**
Address **North Kansas City** Date signed **7/28/41**

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

AUG 18 1941

OCT 2 1942

2111 Lewis No. 4615

No. 4220

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 Chas. Wilks
Licensed Embalmer No. 2644
P. O. Address 1800 Pinewood

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.