No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24336

FILED AUG 16 1941

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2875

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: 920 West 34th Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution -- In this community 50 Years (Specify whether years, months or days) 1

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. 920 West 34th Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

048

3. (a) PRINT FULL NAME Dr. Frank B. Miller, Sr.
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mrs. Ruby A. Miller
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased January (Month) 30 (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
77	5	29	hr. min.

9. Birthplace Raymond (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Dentist
11. Industry or business Retired
FATHER 12. Name Elias W. Miller
13. Birthplace Preble County (City, town, or county) Ohio (State or foreign country)
MOTHER 14. Maiden name Erminah Swallow
15. Birthplace Illinois (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. W. E. Brown
(b) Address Hutchinson, Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 1, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cem.
18. (a) Signature of funeral director D. H. Rowcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 7-30-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28th year 1941 hour 7 minute 40 A. M.
21. I hereby certify that I attended the deceased from July 8 1940 to July 28 1941 that I last saw him alive on July 26, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial insufficiency	1 week
Due to Arteriosclerotic heart Disease	2 yrs +
Due to	
Other conditions (Include pregnancy within 3 months of death) Cerebral hemorrhage	
Right hemiplegia - June 1940	

Major findings:
Of operations None
Of autopsy None

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? (e) Means of injury

23. Signature Edgar Ross Kyger, M. D.
Address 510 Petty Bldg. Date signed July 28, 1941

361

(Licensed Embalmer's Statement on Reverse Side)

310 Professional Bldg.
2.4

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 H C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K C Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.