

No. 2
1-10-39
-17-3
X21492

FILED AUG 7 1941

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 233

I. PLACE OF DEATH:

(a) County Vernon
(b) City or town Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 3 Nevada Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 mos 9 2 dys.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME JAMES ROLLET MILES

3. (b) If veteran, name war Not known 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Not known 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased May 5th 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 24 If less than one day hr. _____ min. _____

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

10. Usual occupation Painter

11. Industry or business _____

MOTHER FATHER { 12. Name Richard Miles

18. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Hannah Rollet

15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant State Hospital Records

(b) Address Nevada, Mo

17. (a) Burial (b) Date thereof 7-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Hosp #3 Cemetery

18. (a) Signature of funeral director Harold Fluemeralder

(b) Address Nevada, Mo

19. (a) 7-30-41 (b) Allen V. Flaws
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1329 Troost
(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 29th
year 1941 hour 5 minute 5 P. M.

21. I hereby certify that I attended the deceased from March 27th, 1941, to July 29th, 1941
that I last saw him alive on July 29th, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Myocarditis

Due to _____

Due to _____

Other conditions Senile Psychosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 G.S. Waraick (M. D. or other) 0

Address State Hospital Nevada Date signed 7/29/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

88 4994-12-8977

RECEIVED

District Health Officer No. 7.

District File Number 8-41-1224

Date Filed 8-5-41

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.....

working under my personal supervision.

Signed Allen V. Hoop

Licensed Embalmer No. 1968

P. O. Address Nevada, Mo

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

If this body is not embalmed, above space should be left blank.