

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

FILED OCT 13 1941
Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **3341**

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:
2430 Lister Avenue
(If not in hospital or institution, write street number or location)

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

In this community 55 Years

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. 2430 Lister Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mr. Pearl Brasfield McMillen

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 Married

6. (b) Name of husband or wife Mrs. Emma Daisy McMillen

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased July 21 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>1</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation Toolmaker

11. Industry or business _____

MOTHER FATHER { 12. Name Richard McMillen

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

14. Maiden name Katheryn Frazee

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

16. (a) Informant Mrs. Emma D. McMillen

(b) Address 2430 Lister Avenue

17. (a) Burial (b) Date thereof Sept. 6, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlaw Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 9/6/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4th
year 1941 hour _____ minute _____ P.A.M.

21. I hereby certify that I attended the deceased from July 10, 1940 to September 4, 1941; that I last saw him alive on September 4, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration _____

Due to General Arteriosclerosis

Due to trauma - Chronic nephritis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy No 1318

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 Edward L. Paul M.D. or other _____

Address 730 Argyle Bldg. K.C. Mo. Date signed 9/5/41

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

11-5:36
pp: 5-11

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address K.C. Mo.

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.