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7-39
X23159

FILLED OCT 20 1941

Registration District No. _____

Primary Registration District No. **5557**

Registrar's No. _____

1. PLACE OF DEATH: **Jackson**

(a) County: _____

(b) City or town: **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
55th & 50 Highway
(If not in hospital or institution, write street number or location)

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

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.: **55th & 50 Highway**
(If rural, give location)

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

3. (a) PRINT FULL NAME: **Clara T. Miller**

(b) If veteran, name war: _____

(c) Social Security No.: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **22** year **1941** hour **20** minute _____ M.

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

6. (b) Name of husband or wife: **Harry Miller** 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: **September 24, 1865**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April**, 19**39** to **July 22**, 19**41** that I last saw her alive on **July 21**, 19**41** and that death occurred on the date and hour stated above.

8. AGE: Years	Months	Days	If less than one day
75			hr. _____ min.

Immediate cause of death: **Myocarditis**
Chronic

Duration: **3 yrs**

9. Birthplace: **Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation: **At Home**

11. Industry or business: _____

Due to: **Chronic nephritis + Arthritis** **5-6 yrs**

Due to: _____

MOTHER FATHER

12. Name: **Robert Brydon**

13. Birthplace: **No Record** **9**
(City, town, or county) (State or foreign country)

14. Maiden name: **Mary Ann**

15. Birthplace: **No Record** **9**
(City, town, or county) (State or foreign country)

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

Major findings: _____
Of operations: _____

Of autopsy: _____

16. (a) Informant: **Mrs. John Embick**

(b) Address: **55th & 50 Highway**

17. (a) **Burial** (b) Date thereof: **7/24/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Mound Grove; Indep.**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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18. (a) Signature of funeral director: **Quirk & Tolson, Cal**

(b) Address: **Kansas City, Missouri**

19. (a) **Sept. 31941** (b) **D. M. C. ...**
(Date received local registry) (Registrar's signature)

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) (2) Means of injury

23. Signature: **Gerald ...** (M. D. or other) **7-22-41**
Address: **843 Angelle Bldg** Date signed: **7-22-41**

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

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 *Harold Perry*.....

Licensed Embalmer No. *04097*.....

P. O. Address *KC 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.