2
-40
-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5506

Registration District No. 379 Primary Registration District No. 1002 Registrar's No. 838

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

1. PLACE OF DEATH:
(a) County Jackson 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: Leeds T B M Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Mar. 5 days (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 1791 Virginia
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Willie, Oscar Miles
3. (b) If veteran, name war Worlds War 1988
3. (c) Social Security No. none
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Acola Miles
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased June (Month) 26 (Day) 1900 (Year)

8. AGE: Years	Months	Days	If less than one day
41	8	1	hr. min.

9. Birthplace Beaumont (City, town, or county) Texas 1 (State or foreign country)
10. Usual occupation WPA.
11. Industry or business
FATHER
12. Name Oscar Miles
13. Birthplace Beaumont (City, town, or county) Texas 1 (State or foreign country)
MOTHER
14. Maiden name Bertha Lambs
15. Birthplace Beaumont (City, town, or county) Texas 1 (State or foreign country)
16. (a) Informant Leeds T B M Hosp
(b) Address Leeds, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17 1942 (Month) (Day) (Year)
K.C. Dental College, Kansas City, Missouri
(c) Place: burial or cremation
18. (a) Signature of funeral director Leavenworth Kans
(b) Address Flynn & Greenstreet
19. (a) 3/1/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27
year 1942 hour 3 minute 40 P M.
21. I hereby certify that I attended the deceased from 8-25-41
, 1941, to 2-27, 1942
that I last saw him alive on Feb 27, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Far advanced bilateral active pulmonary tuberculosis	
Due to	
Due to 1 2 B	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 C C Heyer (M. D. or other) O
Address K.C. Th. Hospital K.C. Date signed

361 (Licensed Embalmer's Statement on Reverse Side)

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 Edw G Evans

Licensed Embalmer No. 3876

P. O. Address 1819 E 15 [illegible]

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

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

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo } ss
County of County Jackson

State File No.
Local Registrar's No. 838-42

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 17 day of March, 194 2, before me appears William Flynn who, upon his oath, states that the original record of birth ~~death~~ for Willie Miles ~~died~~ ~~born~~ Feb 27 - 1942, 19, in the State of Missouri, and which was filed at K C Mo., on, 19, should be corrected as follows:

Item No. 17 b should read 3-17-42
Instead of 3-3-42

Item No. 17 c should read K. C. Dental College 10th Troost.
Instead of

Item ~~Undertaker~~ should read Wm. Flynn.
Instead of 1819 E 15th.

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Wm Flynn Relationship. Funeral.

1819 E. 15th
Present Address.

Subscribed and sworn to before me this 17 day of March, 194 2

My Commission Expires Jan. 15, 1946

My Commission expires Rose A. Marks Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

F. S. 135
-15-42
I X31340

S-5506