

Registration District No. 31842

Primary Registration District No. 1002

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: 1
6117 McGee Street,
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution X (Specify whether
years, months or days)
 In this community 30 years,

3. (a) PRINT FULL NAME James Alfred Millson,
 3. (b) If veteran, name war No.
 3. (c) Social Security No. 486-10-1172

4. Sex 0 Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Nancy T. Millson,
 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased March 7 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 0 19 hr. min.

9. Birthplace England, 4
(City, town, or county) (State or foreign country)

10. Usual occupation Executive,
Clay Mfg. Co.

11. Industry or business Clay Mfg. Co.

MOTHER FATHER
 12. Name Henry Millson,
 13. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)

14. Maiden name Martha Davis,
 15. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nancy T. Millson,
 (b) Address 6117 McGee, Kansas City, Mo.

17. (a) Burial (b) Date thereof 3-28-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure,
 (b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 3-27-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 048
 (a) State Missouri, (b) County Jackson,
 (c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
 (d) Street No. 6117 McGee Street,
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 60 years, 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th,
 year 1942 hour 5:30 minute A M.

21. I hereby certify that I attended the deceased from 4-1-1937
 to 3-26-42, 1942,
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
 Duration 3 hours

Due to Following extraction Teeth 3-25-42

Due to Chronic Myocarditis since 1937
 Other conditions (Include pregnancy within 3 months of death)

Major findings: 938
 Of operations
 Of autopsy 938

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 M. M. Crowe (D or other)
 Address 612 Chambers Bldg Date signed 3-27-42

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

48
2936

Dr. Linville,

Chamberlain's Body
Jan 30
Friday P.M.

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.....

Licensed Embalmer No. 1417

P. O. Address.....

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.