

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1572

1. PLACE OF DEATH

(a) County Jackson

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

(c) Name of hospital or institution Research Hosp.
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 17 days
(Specify whether years, months or days)

In this community 18 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City Mo
(If outside city or town limits, write "RURAL")

(d) Street No. Oakwood North K.C. Mo
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Dr. Bruce E. Miles

(b) If veteran, name war no

(c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1942 hour 7 minute 20 P.M.

21. I hereby certify that I attended the deceased from April 4 1942 to April 21 1942
that I last saw him alive on April 21 1942
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married married
divorced none

6. (b) Name of husband or wife Ethel Miles

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased: Aug 13 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>8</u>	<u>8</u>	hr. _____ min. _____

Immediate cause of death Coronary occlusion with probable rupture of heart

Due to _____

Due to 9/10s

Duration 17 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business _____

MOTHER { 12. Name Ethan Miles

FATHER { 13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Shaffer

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

16. (a) Informant Ethel Miles

(b) Address Oakwood North K.C. Mo

17. (a) Burial (b) Date there April 24 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Memorial Park Cem. S.W. 94th Mo.

18. (a) Signature of funeral director Hermon W. Dedysh

(b) Address 1802 Union St. S.W. 94th Mo

19. (a) Apr 21 1942 (b) M. N. Crane
(Date received local registrar) (Registrar's signature)

Other conditions (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 _____

Where did injury occur? (City or town) (County) (State)

(c) 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 fall

23. Signature RC Davis M.D. / W.P. Young M.D.
(M.D. or other)

Address Professional Bldg., K.C. Mo. Date signed 04-21-42

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

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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.....

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.