V. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17082

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2182

48 3 8

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: 1230 Harrison (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: 50 years

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.: 1230 Harrison (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

48 3 9 0

3. (a) PRINT FULL NAME: Joseph William Miller
3. (b) If veteran, name war: No
3. (c) Social Security No. 495-07-7731
4. Sex: Male 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Marie Miller
6. (c) Age of husband or wife if alive: 47 years
7. Birth date of deceased: Sept. 7th, 1877 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	8	24	hr. min.

9. Birthplace: Stansberry, Mo. (City, town, or county) (State or foreign country) 0
10. Usual occupation: Night Watchman
11. Industry or business: W.P.A.
12. FATHER Name: Isaac Miller
13. FATHER Birthplace: Pa (City, town, or county) (State or foreign country) 1
14. MOTHER Maiden name: Unknown
15. MOTHER Birthplace: Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant: Mrs. Marie Miller
(b) Address: 1230 Harrison, K.C.Mo.
17. (a) Burial, cremation, or removal: Removal (b) Date thereof: June 4-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Hope Smithville, Mo. K.C.K.
18. (a) Signature of funeral director: Sheil Funeral Home
(b) Address: 6606 Indep. Ave. K.C.Mo.
19. (a) 6-2-42 (Date received local registrar) (b) M. M. Crane (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1942 hour 8 minute 45 A. M.
21. I hereby certify that I attended the deceased from Dec. 19 to May 31, 1942, 19 that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death: Rupture of the Aorta
Due to: Pulmonary Hemorrhage
Due to: Arteriosclerosis Aorta
Other conditions (Include pregnancy within 3 months of death): 97
Major findings: Of operations
Of autopsy

Duration

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 18
23. Signature (M. D. or other)
Address K.C.Mo. 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.....

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.