

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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: K.C. Gen. Hospital No. 10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. Kansas (If rural, give location)

(e) Citizen of foreign country? (Yes or No) No
If yes, name country _____

3. (a) PRINT FULL NAME EARL MILLER

3. (b) If veteran, name war No

3. (c) Social Security No. 509-09-2940

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23rd
year 1942 hour 2 minute 20 P. M.

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife SARIE MILLER 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased: 4 (Month) 14 (Day) 1896 (Year)

21. I hereby certify that I attended the deceased from 8-22-42, 1942, to 8-23-42, 1942;
that I last saw him alive on 8-23-42, 1942,
and that death occurred on the date and hour stated above.

8. AGE: Years 46 Months 4 Days 24 If less than one day 9 hr. min.

Immediate cause of death Ruptured aortic aneurysm

Duration _____

Due to 96

Due to _____

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

9. Birthplace Hamilton MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOISTING ENGINEER

Major findings: Of operations _____

Of autopsy See above

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name WM. J. MILLER

13. Birthplace Breckenridge MO
(City, town, or county) (State or foreign country)

14. Maiden name Ada Small

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

16. (a) Informant WILLIAM J. MILLER

(b) Address Burlingame Kans.

17. (a) REMOVAL (b) Date thereof 8-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BURLINGAME, KS.

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? _____

18. (a) Signature of funeral director FREEMAN MORTUARY

(b) Address KANSAS CITY, MO

19. (a) 8-24-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____

(Specify means of injury) 0

23. Signature Drury R. Thow (M. D. or other) _____
Address Med. Dir. K.C. Gen. Hospital Date signed _____

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

0

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.

This was a non-syphilitic aneurysm

S-24448

Aug 23, 1942