

FILED SEP 14 1942
1946

Registration District No.

Primary Registration District No. 3026

Registrar's No. 207

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Independence

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

(d) Length of stay: In hospital or institution: 8 weeks
(Specify whether years, months or days) 8 months

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Independence

(d) Street No.: 621 W. So. Ave.
(If rural, give location)

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

If yes, name country: No

3. (a) PRINT FULL NAME: William E. Miller

3. (b) If veteran, name war: none

3. (c) Social Security No.: no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 7 year: 1942 hour: 5:45 minute: P. M.

21. I hereby certify that I attended the deceased from Aug 6 to Aug 7, 1942
that I last saw him alive on Aug 7, 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, divorced, widowed

6. (b) Name of husband or wife: none

6. (c) Age of husband or wife if alive: 78 years

7. Birth date of deceased: June 27 1862
(Month) (Day) (Year)

Immediate cause of death: My pertrophed prostate & about 4 months

Other conditions: Semivertebrae & neuritis
(Include pregnancy within 3 months of death)

8. AGE: 80 Years 21 Months 16 Days
If less than one day hr. min.

Due to: _____

Due to: _____

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

9. Birthplace: Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation: Horse Dealer

Major findings: _____

Of operations: _____

Of autopsy: 135 p 2

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

11. Industry or business: _____

12. Name: Charles Miller

13. Birthplace: Pennsylvania
(City, town, or county) (State or foreign country)

14. Maiden name: No record

15. Birthplace: no record 9
(City, town, or county) (State or foreign country)

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: _____

16. (a) Informant: Mrs. Lola Burrows

(b) Address: 621 W. So. Ave.

17. (a) Removal: removal (b) Date thereof: 8/9/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Sterling, Neb.

18. (a) Signature of funeral director: Geo. A. Carson

(b) Address: Independence Mo.

19. (a) Date received local registrar: Aug 8-42 (b) Registrar's signature: James W. Ross
(Date received local registrar) (Registrar's signature)

23. Signature: C. H. Allen (M. D. or other) M.D.

Address: Independence Date signed: 8-8-42

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

48
4
4

MOTHER FATHER

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 *Lloyd C. Dawson*
.....
Licensed Embalmer No. *4199*

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.