

S. No. 2
M-5-42
v. 5-17-39
X32873

In Alley 30515

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 10 1942

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 246

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days (Specify whether years, months or days)
In this community 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Shelby Road Rt # 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harry E. Milton
3. (b) If veteran, name war _____ 3. (c) Social Security No. 703-03-9491

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sep day 28 year 1942 hour 10 minute 10 A. M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Kate Milton 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased April 23 - 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 13 1942 to Sept 28 1942
that I last saw him alive on Sept 28 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>5</u>	<u>5</u>	hr. _____ min. _____

Immediate cause of death: Broncho pneumonia 48 hours

9. Birthplace Leas Summit, Missouri
(City, town, or county) (State or foreign country)

Due to Diabetes Mellitus - Produe my Angrene of left foot - necrosis
status amputation lower leg
Diabetes

10. Usual occupation Retired 11 years

Other conditions: Periphero-vascular disease
(Include pregnancy within 3 months of death)

11. Industry or business R.R. Switchman

Major findings: Angrene left foot
Arterio Sclerose
Of autopsy no autopsy

12. Name Benjamin F. Milton

13. Birthplace Charleston West Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Ella Frances Crawford

15. Birthplace Leas Summit West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maurice Hughes
(b) Address 33rd & Blue Ridge Blvd.

17. (a) Burial (b) Date thereof Sep 30 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery
18. (a) Signature of funeral director OTT + MITCHELL
(b) Address Independence Mo.
19. (a) 9-28-42 (b) James W. Cross
(Date received local registrar) (Registrar's signature)

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 0

23. Signature Ed Allen (M. D. or other) MD
Address Independence Date signed 9/29/42

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.