

FILED DEC 28 1942

Registration District No. ....

Primary Registration District No. ....

Registrar's No. ....

4705

1. PLACE OF DEATH:

(a) County Jackson Co, Mo  
(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 Neurological Hospital  
(If not in hospital or institution, write street number or location)  
2625 Paseo  
(d) Length of stay: In hospital or institution Nov 7 - Dec 13  
(Specify whether years, months or days) as above

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 48  
(c) City or town Columbia (If outside city or town limits, write "RURAL") 3  
(d) Street No. 1102 Rollins Street (If rural, give location) 8  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME WALTER McNAB MILLER

3. (b) If veteran, name war Unknown 3. (c) Social Security No. no.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Helen Guthrie Miller 6. (c) Age of husband or wife if alive Unknown years  
7. Birth date of deceased July 10 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
about 80 83 5 3 hr. min.

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

10. Usual occupation Pathologist, Teacher

11. Industry or business X

MOTHER, FATHER { 12. Name John E. Miller  
13. Birthplace Pennsylvania (City, town, or county) (State or foreign country)  
14. Maiden name Mary Jane McNab  
15. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter McNab Miller

(b) Address Columbia, Missouri

17. (a) Removal (b) Date thereof 12-14-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia, Missouri

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-16-42 (b) M. M. Cozart  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13  
year 1942 hour 8 minute P M.

21. I hereby certify that I attended the deceased from Nov 7 1942 to Dec 13 1942  
that I last saw him alive on Dec 13 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 3 day

Due to 108

Due to

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  
(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) (c) Means of injury 3

23. Signature Walter Robinson (M. D. or other)  
Address 2625 Paseo Date signed 12-14-42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Kansas City Mo

**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..... *E. M. Plank* .....

Licensed Embalmer No. *1847* .....

P. O. Address *K. C. Mo* .....

**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.**