

FILED DEC 18 1942 49

State File No. ....

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 4483

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. General Hospital No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. & 18 ds.  
(Specify whether years, months or days)

In this community 42 years

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL") 8

(d) Street No. 903 1/2 East 15th St.  
(If rural, give location)

(e) Citizen of foreign country? Unknown (Yes or No) 0  
If yes, name country: .....

3. (a) PRINT FULL NAME Will Miller

3. (b) If veteran, name was No record

3. (c) Social Security No. Unknown

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. 10th 1875  
(Month) (Day) (Year)

8. AGE: Years 67-66 Months 0 Days 21 If less than one day hr. min.

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

10. Usual occupation Unknown

11. Industry or business George Miller

MOTHER FATHER } 12. Name Kansas

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

14. Maiden name Sarah

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

16. (a) Informant Record Clerk

(b) Address K.C. General Hospital

17. (a) Anatomical (b) Date thereof 12-3-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation K.C. College of Osted.

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address 2332 Monitor Place, K.C., Mo.

19. (a) 12-3-42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1st year 1942 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from 10-13-42, 19... to 12-1-42, 19...; that I last saw him alive on 12-1-42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchiectasis

Duration

Due to 106-B

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

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? .....

(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 (Specify type of place)

23. Signature Dwight R. Thom (M. D. or other) 12-3-42  
Address Med Dir. K.C. Gen. Hospital, K.C., Mo. Date signed .....

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

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**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..... *Blaine E. Weiler*

Licensed Embalmer No..... *4075*

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.**