

FILED JAN 30 1943  
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson  
Kansas City

(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Wheatley Provident Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days  
(Specify whether  
In this community 16 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Atchison 999

(c) City or town Atchison 14  
(If outside city or town limits, write "RURAL") 0

(d) Street No. 924 North 9th St.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Katie Mae Miles

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fe 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Turner Miles 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased August 9, 1892  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>50</u>	<u>5</u>	<u>6</u>	hr. _____ min.

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

10. Usual occupation Mortician

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Jonas Goley

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

14. Maiden name Matilda Hill

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

16. (a) Informant J. T. Miles

(b) Address 924 N. 9th, Atchison, Kansas

17. (a) removal (b) Date thereof 1/16/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Atchison, Kansas

18. (a) Signature of funeral director Hatkins Bros.  
1729 Lydia

(b) Address \_\_\_\_\_

19. (a) Jan 16, 1943 (b) M. M. Crane  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15  
year 1943 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from December 31, 1942 to Jan. 15, 1943  
that I last saw h. e. y. alive on Jan. 15, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus - Prob. 6 months  
Lobar Pneumonia 2 days

Due to 61

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_  
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 \_\_\_\_\_

23. Signature Henry E. Spurgeon (M. D. or other) \_\_\_\_\_  
Address 2204 East 18th Date signed Jan. 16, 1943

**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.....

*D. J. Mantore*

Licensed Embalmer No. *3994*

P. O. Address. *2573 Highland*

**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.**