

FILED MAR 5 1943

Registration District No. **197**

Primary Registration District No. **1002**

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

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:
2424 Charlotte /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... **26 yrs** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2424 Charlott**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **1**

3. (a) PRINT FULL NAME **Blanche Miller**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **None**

4. Sex **Femal** 5. Color or race **W** 6. (a) Single, widowed, married, divorced, **Widow**

6. (b) Name of husband or wife **Charles F. Miller** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **Oct 24 1875**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 4 10 0 hr. min.

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

10. Usual occupation **At home**

11. Industry or business.....

MOTHER FATHER { 12. Name **Franklin Prince**
13. Birthplace **norecord** 9
(City, town, or county) (State or foreign country)
14. Maiden name **Martin**
15. Birthplace **No record** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Bertha Garrett**

(b) Address **2424 Charolett**

17. (a) **burial** (b) Date thereof **Feb 27 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn Cem.**

18. (a) Signature of funeral director **Mrs. C. L. Forster**

(b) Address **918 Brooklyn**

19. (a) **2-26-43** (b) **M. M. Browne**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **24**
year **1943** hour **6** minute **A** M.

21. I hereby certify that I attended the deceased from..... to..... 19.....
that I last saw him..... on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Coronary Occlusion**

Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy **See Above**

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) (Means of injury)
23. Signature **D. E. Upsher** (M. D. or other)
Address **23rd Mc Coy** Date signed **2/29/43**

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 Daniel C. Browning

Licensed Embalmer No. 2724

P. O. Address H. C. No.

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.