

**FILED JUN 7 1943**

Registration District No. 175

Primary Registration District No. 1002

Registrar's No. ....

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:  
217 West 51st. Terrace  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 54 years (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4121 Walnut 8  
(If rural, give location) 0  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Robert G. Miller

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Kate A. Miller 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased February 20 1869  
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 28 If less than one day hr. min.

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

10. Usual occupation Dry Goods-Grocery (Retired)

11. Industry or business.....

MOTHER FATHER

12. Name John Miller

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

14. Maiden name Mary Brownell

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

16. (a) Informant Robert H. Miller

(b) Address 217 West 51st. St. Terrace

17. (a) Burial (b) Date thereof 6-1-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's Com.

18. (a) Signature of funeral director J. F. O'Connell Co.

(b) Address 3256 Broadway

19. (a) 5/31/43 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th, year 1943 hour 11.35 minute P M.

21. I hereby certify that I attended the deceased from March 1st 1943 to May 28 1943  
that I last saw him alive on 5-28-43 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach with metastases to liver & abdominal lymph nodes. Generalized advanced arterio-sclerosis aneurism of abdominal aorta  
Due to.....  
Due to.....

Other conditions (Include pregnancy within 3 months of death) 46B

Major findings:  
Of operations.....  
Of autopsy as above

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? (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 James Walker (M. D. or other).....  
Address 11424 Poppen Rd Date signed 5-29-43

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

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

*Jack W. Laybourn*

Licensed Embalmer No.

*1715*

P. O. Address

*K. e. 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.**