

FILED JUN 7 1943
Registration District No. 149

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:
515 E. 9th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 53 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Barney Millman

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

4. Sex M 5. Color of 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 Dont know 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months Days If less than one day hr. min.

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

10. Usual occupation Clothing Merchant retired

11. Industry or business

12. Name David Millman

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

14. Maiden name Dont know

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

16. (a) Informant Daniel S. Millman

(b) Address 4555 Main St

17. (a) Burial (b) Date thereof 5/9/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rosa Hill Ceme.

18. (a) Signature of funeral director Carroll-Davidson

(b) Address 5024 Troost

19. (a) 5/9/43 (b) M. M. Brown
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 515 E. 9th (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1943 hour 5 minute PM

21. I hereby certify that I attended the deceased from January
2 1943, to May 6 1943
that I last saw him alive on May 5 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris Sudden
Generalized vascular
sclerosis
Other conditions 94a
(Includes 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) (Means of injury)
23. Signature W. Morris (M. D. or other)
Address 420 Prof Bldg Date signed 5-8-43

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.