

Registration District No. ....

Primary Registration District No. **1002**

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: **General Hospital #2**  
(If not in hospital or institution, write street name or location)  
(d) Length of stay: In hospital or institution **1 day** (Specify whether years, months or days) **47 Years**

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. **1519 Troost** (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

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

3. (b) If veteran, name war **None**

3. (c) Social Security No. **487-16-9812**

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Nora Miller** 6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **February 14 1877**  
(Month) (Day) (Year)

8. AGE: Years **66** Months **4** Days **18** If less than one day hr. min.

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

10. Usual occupation **Porter**

11. Industry or business

12. Name **Unknown**

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

14. Maiden name **Julia**

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

16. (a) Informant **Record Clerk**  
(b) Address **General Hospital #2**

17. (a) **removal** (b) Date thereof **7/7/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lawrence, Kansas**

18. (a) Signature of funeral director **Hatkins Bros.**

(b) Address **1729 Lydia**

19. (a) **7-7-43** (b) **J. E. Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **2** year **1943** hour **1:10** minute **P** M.

21. I hereby certify that I attended the deceased from **July 2 1943** to **July 2 1943** that I last saw him alive on **July 2 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Left Cerebral Hemorrhage**

Due to **83a**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **Same as 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) (e) Means of injury

23. Signature **G. C. Turner** (M. D. or other) **md.**  
Address **600 E. 22<sup>nd</sup> - New Hope #2** Date signed **7-7-43**

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..... *D. J. Manlove*.....  
Licensed Embalmer No. *3994*  
P.O. Address: *2003 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.**