

FD AUG 6 1943 149
 Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3229

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
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
 In this community 35 years (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. 215 1/2 Independence
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William Miller
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 22
 year 1943 hour 2 minute 40 P.M.

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced, Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Mar 10 1867
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 21 1943 to July 22 1943 that I last saw him alive on July 22 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: THROMBOSIS OF LEFT VERTEBRAL ARTERY
 Duration _____

8. AGE: Years 76 Months 4 Days 12 If less than one day
 hr. min.

Due to 99:1
 Due to _____

9. Birthplace: Knopmester Mo
 (City, town, or county) (State or foreign country)

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

10. Usual occupation Retard labour
 11. Industry or business G. E. S. Co

Major findings: Of operations _____

MOTHER FATHER
 12. Name unknown
 13. Birthplace " 9
 (City, town, or county) (State or foreign country)
 14. Maiden name " 9
 15. Birthplace " 9
 (City, town, or county) (State or foreign country)

Of autopsy: See above
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mary Barber
 (b) Address 215 1/2 Indep ave
 17. (a) Burial (b) Date thereof 7-24-43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Green Lawn

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?

18. (a) Signature of funeral director E. H. Blackman
 (b) Address 2925 Indep ave
 19. (a) 7-24-43 (b) D. E. Brown
 (Date received local registrar) (Registrar's signature)

23. Signature Percy R. Thow (M. D. or other)
 Address 123 Dir. K.C. General Hospital Date signed 7-24-43

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

of the

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.