

AUG 6 1943
 149

Registration District No. _____
 Primary Registration District No. 1002

Registrar's No. 3140

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:
7432 Jarboe
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 50 Years

3. (a) PRINT FULL NAME Mr. William Henry 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 Married
 6. (b) Name of husband or wife Mrs. Mollie Miller
 6. (c) Age of husband or wife if alive 80 years
 7. Birth date of deceased November 17 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 7 29 _____ hr. _____ min.

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

10. Usual occupation Salesman - Retired 15 Years

11. Industry or business Richards and Conover Hardware

MOTHER FATHER {
 12. Name John Miller
 13. Birthplace Shelbyville Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Virginia Crawford
 15. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant J. D. Staats
 (b) Address 7432 Jarboe
 17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof July 19 1943
(Month) (Day) (Year)

(c) Place: burial or cremation 144th Memorial Park Cemetery

18. (a) Signature of funeral director D. W. Newcomer, Iowa
 (b) Address 1401 Brush Creek Blvd.

19. (a) 7-17-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

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. 627 Benton Blvd.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th
 year 1943 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from June 30, 1943, to July 16, 1943
 that I last saw him alive on July 37, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Duration 17 da

Due to 830'
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Co. _____
 Major findings:
 Of operations _____
 Of autopsy _____
 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 D. W. Fair MD (M. D. or other) _____
 Address 404 1/2 W 75th St. Mo Date signed 7/16/43

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

40412 H. West 75-4. West
2-6

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 Emile W. Calhoun

Licensed Embalmer No. 3506

P. O. Address Kemo.

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.