

ED AUG 21 1943

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3439

1. PLACE OF DEATH: Jackson  
 (a) County Kansas City  
 (b) City or town \_\_\_\_\_  
 (c) Name of hospital or institution: Memorial  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 weeks  
 In this community 35 yrs  
 years, months or days (Specify whether)

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. 1012 Oak  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME: Julius Miller  
 3. (b) If veteran name war No  
 3. (c) Social Security No. 499-14-3202

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month III / 7 / 43 Day  
 year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex Male 5. Color or Race W  
 6. (a) Single, widowed, married, divorced Divorced  
 6. (b) Name of husband or wife Ida  
 6. (c) Age of husband or wife if alive 30 years  
 7. Birth date of deceased Not Known  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from III/1/43  
 that I last saw him alive on III/10/43  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Lung abscess.

8. AGE: Years 52 Months \_\_\_\_\_ Days \_\_\_\_\_  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

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

10. Usual occupation Helper Borden's Dairy

Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Wm Miller

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

14. Maiden name Sarah Sengel

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

16. (a) Informant Abe Miller

(b) Address K.C., Mo.

17. (a) Burial (b) Date thereof 8-9-43  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield Cem.

18. (a) Signature of funeral director J.P. Lewis Funeral Home  
 (b) Address K.C., Mo.

19. (a) 8-9-43 (b) Def.  
 (Date received local registrar) (Registrar's signature)

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 W.B. Whinnery (M.D. or other)  
 Address 429 Broken Rock signed III/7/43

Duration  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

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..... *A. L. Lewis* .....

Licensed Embalmer No. *3110* .....

P. O. Address. *K. C. 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.**