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S. No. 2
DM-2.43
5-17-57
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

NOV 1 1943 149
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4385

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: 216 - E. Linwood
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____
(Specify whether _____)
In this community 3 years
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" and name of township)
(d) Street No. 216. E. Linwood
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex M. 5. Color or Race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Emma Miller 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 23 - 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>10</u>	<u>20</u>	hr. _____ min.

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

10. Usual occupation Druggist for 40 years

11. Industry or business Retired

12. Name John G. Miller

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

14. Maiden name Anna J. Padridge

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

16. (a) Informant Miss Bert Beck

(b) Address 216. E. Linwood

17. (a) Burial (b) Date thereof 12 - 16 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director M. C. Foster

(b) Address 7. E. 2nd

19. (a) 10-15-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13th
year 1943 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 7
1943, to Oct 13 19 43
that I last saw him alive on Oct 10 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Wrenia Bladder
reflux
Old Cerebral Hemorrhage

Due to _____
Due to _____

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

Major findings: Of operations 132! 2

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)
(e) Means of injury _____

23. Signature J. E. Brown (M. D. or other) MD
Address 10 22 Argyle Date signed 10/14/43

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

MOTHER FATHER

Angela Beldy
H/A 3454

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 Therion A. Redmon

Licensed Embalmer No. 2737

P. O. Address HC. 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.