

NOV 1 1943 149  
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: St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days) 6 days

3. (a) PRINT FULL NAME Harry D. Miller

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

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Barbara Miller 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Feb 12 1891  
(Month) (Day) (Year)

8. AGE: Years 55 Months 8 Days 4 If less than one day hr. min.

9. Birthplace Republic Co. Kans!  
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

MOTHER FATHER

11. Industry or business  
12. Name Oliver P. Miller  
13. Birthplace Columbus, Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Laura M. Mumford  
15. Birthplace Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant My. Barbara Miller  
(b) Address Topeka, Kansas

17. (a) Barber (b) Date thereof 10-16-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Topeka, Kansas

18. (a) Signature of funeral director Wheeler Mortuary  
(b) Address Kansas City, Mo

19. (a) 10-16-43 (b) P. G. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Shawnee 994  
(c) City or town Topeka 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 416 Quincy (If rural, give location)  
(e) If foreign born, how long in U. S. A? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16  
year 1943 hour 6 minute 35 AM.

21. I hereby certify that I attended the deceased from Oct 10, 1943, to Oct 16, 1943

that I last saw him alive on Oct 15, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis bilateral  
Due to Post operative

Due to Carcinoma of rectum sigmoid  
Multiple polyps

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 46h  
Of autopsy

Duration  
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?

23. Signature F. B. Campbell (Specify type of place) (M. D. or other)  
While at work (e) Means of injury  
Address Kansas City, Mo Date signed 10-16-43

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

FEB 18 1946

FEB 11 1946

MAY 27 1955

3 1945

**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 Edmu E. Medelin

Licensed Embalmer No. 3495

P. O. Address Waucaesa City

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, above space should be left blank.