

LLD JAN 3 1944

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Law
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5430 Brooklyn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 7 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")
(d) Street No. 5430 Brooklyn
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rak Evans Miller

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 10
year 1943 hour 2 minute 15 A.M.

3. (b) If veteran, name war No 3. (c) Social Security No. 509-10-8694

21. I hereby certify that I attended the deceased from Dec 12 1943 to Dec 14 1943
that I last saw him alive on Dec 14 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 2 divorced
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 20 1877
(Month) (Day) (Year)

Immediate cause of death: Oedema of the lungs 3 days
Cardiac Failure
Due to _____
Due to _____

8. AGE: Years 65 Months 10 Days 25 If less than one day _____ hr. _____ min.

Other conditions: Arterio-sclerosis
(Include pregnancy within 3 months of death)
PHYSICIAN _____

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

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Crustation

11. Industry or business U

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant R. W. Miller
(b) Address 5430 Brooklyn KC Mo.

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? _____

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/15/43
(Month) (Day) (Year)
(c) Place: burial or cremation Dola Kanah

18. (a) Signature of funeral director Stue McClure
(b) Address Kansas City Mo
19. (a) 12-17-43 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

23. Signature J. J. Tarson M.D. (M. D. or other)
Address 1222 Professional Bldg Date signed 12/17/43

Prof. J. J. Kelly
2-30
between
Jan 12/19 - 12 P M 1930
11th ground

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 *E. M. Plank*

Licensed Embalmer No. *1848*

P. O. Address *T. 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.