

FILED JAN 31 1944

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 155

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural Prairie, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County G. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days
(Specify whether
In this community 45 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. 3427 East 9th STREET
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. Zoe Miller
3. (b) If veteran, name war No
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 5th
year 1943 hour 2 minute 20 P.M.
21. I hereby certify that I attended the deceased from November 15th 1943, to DECEMBER 5 1943;
that I last saw h. ER. alive on DECEMBER 5th 1943;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MR. CLARENCE R. MILLER 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 6 1878
(Month) (Day) (Year)

Immediate cause of death
Degeneration of nervous system with paraplegia
Due to _____

8. AGE: Years Months Days If less than one day
65 6 6 hr. _____ min.

Due to _____
Other conditions (Include pregnancy within 3 months of death)
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9. Birthplace DUNLAP Mo. T. O'WAR
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business AT HOME

MOTHER FATHER
12. Name Frank GRIFFEN
13. Birthplace CORK IRELAND
(City, town, or county) (State or foreign country)
14. Maiden name ROSE ANDRUS
15. Birthplace NEW YORK CITY NEW YORK
(City, town, or county) (State or foreign country)

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

16. (a) Informant MR. FRANK GRIFFIN MILLER

(b) Address 3427 EAST 9TH ST. KANSAS CITY, MO.

17. (a) BURIAL (b) Date thereof DEC 8, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SAVANNAH, MISSOURI

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? _____

18. (a) Signature of funeral director J. A. Newcomer, son
(b) Address KANSAS CITY MISSOURI

19. (a) Dec. 6, 1943 (Date received local registrar)
(b) F. M. Schick, D. P. E. Schick (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
33. Signature at V. Tuttle (M. D. or other) MD
Address Blue Springs, Mo. Date signed 12/43

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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 Ernie M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K @ 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.