

S. No. 2
M-5-43
7. 5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 6225
Registrar's No. 788

FILED MAR 6 1944
Registration District No. 799

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 Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
In this community 8 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 725 No. Cottage
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Johnathan Miller
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 17
year 1944 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from February 8, 1944 to February 17, 1944
that I last saw him alive on February 17, 1944
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or Race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ella 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased November 24 1861
(Month) (Day) (Year)

Immediate cause of death Senility-Broncho-pneumonia
Duration _____

8. AGE: Years 82 Months 2 Days 23
If less than one day _____ hr. _____ min.

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

9. Birthplace Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation retired farmer

Major findings: Of operations _____
Of autopsy See above 107
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Marion Miller
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Furnish
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Residual (b) Address 725 No. Cottage Kansas City Missouri 20-44
17. (a) Residual (b) Date thereof 2-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Weston Missouri
18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence Missouri
19. (a) 2-17-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place) (b) Means of injury 0
23. Signature W. E. Uecker (M. D. or other) M.D.
Address Med. Dir. Gen'l Hosp. Date signed 2-17-44

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 George E Carson
Licensed Embalmer No. 2246
P. O. Address Independence 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.