

FILED MAY 11 1944

State File No. \_\_\_\_\_

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 1909

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. Joseph Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 days  
(Specify whether years, months or days)  
 In this community 15 years,  
(Specify whether 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. 1531 Wabash  
(If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country \_\_\_\_\_ X

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

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month April day 29  
 year 1944 hour 11:50 minute 30 P. M.

4. Sex Male 5. Color or face White 6. (a) Single, widowed, married, divorced. Married  
 6. (b) Name of husband or wife Mrs. Myrtle Miles 6. (c) Age of husband or wife if alive unknown years  
 7. Birth date of deceased. October 1 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 25,  
1944, 19\_\_\_\_, to April 29, 1944  
 that I last saw h. alive on April 29, 1944  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death. Uremia Duration 3 weeks.

8. AGE: Years Months Days If less than one day  
73 6 28 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Nephritis  
 Due to Senility

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

Other conditions (Include pregnancy within 3 months of death) 131/6

10. Usual occupation Carpenter,

Major findings: Of operations no

11. Industry or business X

Of autops Chronic Nephritis

12. Name John David Miles,

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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

14. Maiden name Susan F. Clark

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

16. (a) Informant Mrs. Myrtle Miles,

(b) Address 1531 Wabash, Kansas City, Mo.

17. (a) Removal (b) Date thereof 5-3-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshall, Missouri

18. (a) Signature of funeral director Stina & McClure

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 5-2-44 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

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 M. P. Campbell (M. P. or other) \_\_\_\_\_  
W. O. Ballance Date signed 5/29/44

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

Dr. M. B. Casebolt

*Ar...  
7+2 342-4  
VA 5116*

*1400  
Casebolt*

**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 *76 C. M. 8*

**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.**