V. S. No. 2
00M—5-43
Rev. 5-17-39
No I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 22 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30213

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3629

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4224 Winsor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 36 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 49
(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 4224 Winsor
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mr. Charles R. MILLARD

3. (b) If veteran, name war None

3. (c) Social Security No. 487-10-9137

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Mattie Millard

6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased March (Month) 17th (Day) 1866 (Year)

8. AGE: Years 78 Months 5 Days 18 If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business Western Mercantile Co.

MOTHER FATHER
12. Name Robert Millard
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Mary Clark
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mattie Millard
(b) Address 4224 Winsor

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-7-44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Mellody-McGilley.
(b) Address Kansas City Mo.

19. (a) 9-7-44 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 5th year 1944 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 4, 1944, to Sept 5, 1944, that I last saw him alive on Sept 5, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of Stomach	8 months
Due to	
Due to 46 b	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations no operation
Of autopsy none

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C W Rose (M. D. or other) MD
Address 103 N. Elmwood Date signed 9-6-44

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(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 2999

P. O. Address K C

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.