

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 13 1944
199

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4340

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:
3200 Norledge
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8-31-44-10-26-44
(Specify whether years, months or days)

In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 47

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2617 E 27 St
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Charles M. Millan

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26 year 1944 hour 7:15 minute P M.

21. I hereby certify that I attended the deceased from 9-1-44 to 10-26-44; that I last saw him alive on 10-26-44 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 Widower

6. (b) Name of husband or wife Georgia McMillan

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

7. Birth date of deceased Dec 17 1874
(Month) (Day) (Year)

Immediate cause of death _____

Due to Arteriosclerosis

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

8. AGE: Years 69 Months 7 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation none

MOTHER FATHER

11. Industry or business _____

12. Name Wm W McMillan

13. Birthplace No record
(City, town, or county) (State or foreign country)

14. Maiden name Jessie Bruce

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

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? _____

16. (a) Informant Mrs Mable Thompson

(b) Address 2617 E 27 St

17. (a) Burial (b) Date thereof 9-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Mary's Cemetery

18. (a) Signature of funeral director Thos E. Lusk

(b) Address 4316 Transit Ave

19. (a) 10-28-44 (b) D. C. Brown
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Thos E. Lusk (M. D. or other) _____

Address 3200 Norledge Date signed 10-27-44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 *Thomas E. Quirk*
Licensed Embalmer No. *3775*
P. O. Address *R C No*

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.