

Registration District No. 749

Primary Registration District No. 1002

Registrar's No.

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:
1321 East 31st Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. 1
(Specify whether years, months or days) 25 years,

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 41
(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1321 East 31st Street, 7
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X ?

3. (a) PRINT FULL NAME Miss Minnie Gertrude Miles

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased May 25 1879
(Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 15 14 If less than one day hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation at home,

11. Industry or business X

MOTHER FATHER { 12. Name William H. Miles,
13. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)
14. Maiden name Martha Campbell
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant A. L. Bennett
(b) Address 1321 East 31st Street, K.C., Mo.

17. (a) Burial (b) Date thereof 10-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem., K.C., Kas

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 10-11-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9th
year 1944 hour 12:45 minute P. M.

21. I hereby certify that I attended the deceased from Sept 10
1942, 19 , to Oct 9, 1944
that I last saw her alive on Oct 9, 1944, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death: Chloroform Myocarditis

Due to Age - 93 & 15 yrs
Due to asthma 3 weeks

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

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 0

23. Signature MP. Corbett MD (M. D. or other)
W. B. Ballou KC MD Registrar 10/10/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr. 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. Plaut

Licensed Embalmer No. 1848

P. O. Address K.C. 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.