V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33317

FILED NOV 13 1944

Registration District No. 1949 Primary Registration District No. 1002 Registrar's No. 4341

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: 1720 Bristol 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 21 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1720 Bristol Ave. 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Edward Charles Miller

3. (b) If veteran, name war No

3. (c) Social Security No. 499-07-6880

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Minerva Miller

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Feb. (Month) 12th, (Day) 1886 (Year)

8. AGE: Years 58 Months 8 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Texas 1 (State or foreign country)

10. Usual occupation .....

11. Industry or business Union Wire Rope Corp.

FATHER
12. Name E. C. Miller
13. Birthplace ..... (City, town, or county) Texas 1 (State or foreign country)

MOTHER
14. Maiden name Mary Hamilton
15. Birthplace ..... (City, town, or county) Texas 1 (State or foreign country)

16. (a) Informant Mrs Minerva Miller
(b) Address 1720 Bristol Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/44 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director Earp Funeral Home
(b) Address 4139 East 15th, St.

19. (a) 10-28-44 (Date received local registrar) (b) T. E. Brown (VG) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27th, year 1944 hour 9 minute 45P. M.

21. I hereby certify that I attended the deceased from Oct 1 1942, 19..., to Oct 27, 1944 that I last saw him alive on Oct 15, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Mitral regurgitation + myocarditis — Duration 2 or 3 yrs.

Due to Focal infection some where in the body

Due to .....

Other conditions Chronic Interstitial Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

131 a

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 Harry W. Dugay (M. D. or other)
Address 1401 Prospect Date signed 10-28-44

(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 John B. Carp

Licensed Embalmer No. 2955

P. O. Address 14 C. Md

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.