

FILED NOV 13 1944
 Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 4317

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:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 1/2 days
(Specify whether
 In this community Life
years, months or days)

3. (a) PRINT FULL NAME Romney Thomas Miller, Jr.
 (b) If veteran, name war No
 (c) Social Security No. No

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased January 6 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
9 17 hr. min.

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

10. Usual occupation Child

11. Industry or business At Home

MOTHER FATHER {
 12. Name Leonard Miller
 13. Birthplace Quincy, Illinois
(City, town, or county) (State or foreign country)
 14. Maiden name Gladys Sumers
 15. Birthplace Moberly Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
 (b) Address General Hospital, K.C. Mo.

17. (a) Removal (b) Date thereof Oct. 27-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Maple Hill Cemetery

18. (a) Signature of funeral director Jos. A. Butler's Sons
 (b) Address 22 South 18th. St. K.C.K.

19. (a) 10-27-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
 (d) Street No. 701 Woodland 8
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23
 year 1944 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from Oct. 22, 1944, to Oct. 23, 1944,
 that I last saw him alive on Oct. 23, 1944,
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Uremia dehydration

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

Major findings:
 Of operations _____
 Of autopsy See above

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? _____

23. Signature A. E. Hooper (M. D. or other) MS
(Specify type of place) (c) Means of injury
 Address Med. Dir. Gen'l Hosp. Date signed 10-24-44

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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. *Ms. 3426*

P. O. Address *Kansas City, Kansas*

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.