

FILED NOV 20 1944

Primary Registration District No. 1002

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

48
3
8

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: Childrens Mercy Hospital
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution 4 weeks 3 days
(Specify whether years, months or days)

In this community 4 weeks, 3 days

3. (a) PRINT FULL NAME ALFRED LEE MILLER

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Baby

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

7. Birth date of deceased 7 7 1943
(Month) (Day) (Year)

8. AGE: Years 1 Months 34 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Baby

11. Industry or business _____

12. Name ALFRED LEE MILLER

13. Birthplace ILLINOIS
(City, town, or county) (State or foreign country)

14. Maiden name Myrtle Viola ERSTLER

15. Birthplace Hodge Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant ALFRED L. MILLER

(b) Address Lexington Mo

17. (a) Removal (b) Date thereof 11-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington Mo

18. (a) Signature of funeral director T. E. Brown

(b) Address Lexington Mo.

19. (a) 11-5-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Lexington, Mo. 54
(If outside city or town limits, write "RURAL")

(d) Street No. 279 S. W. Blvd. ?
(If rural, give location) ?

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

If yes, name country _____ 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11/5 day _____
year 1944 hour 6 minute 45 p.m.

21. I hereby certify that I attended the deceased from 10-5-44 19____ to 11-5- 1944.

that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration _____

Due to Intestinal obstruction
due, in turn to spasm

Due to _____

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

Major findings: 122
Of operations _____

Of autopsy _____

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? _____

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

23. Signature H. M. Hickry (M. D. or other) _____
Address 1624 Prof. Date signed _____

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 Leo McKean

Licensed Embalmer No. 2983

P. O. Address Leungton Two

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.