

FILED DEC 4 1944

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

36833

1. PLACE OF DEATH

County JacksonRegistration District No. 149Township KawPrimary Registration District No. 1002City K.C.(No. Major Sanitarium Clinic St. 1 day Ward)File No. 4752

Registered No.

2. FULL NAME. OSCAR ORVILLE MILLER(a) Residence, No. Kansas city mo. St. 3930 Forest Ward.Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dean Miller6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17 - 18967. AGE 48 YEARS MONTHS 9 DAYS 8 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Nov. 11 - 1944 11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wear, Kans.13. NAME Eugene Miller14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wear, Kans.15. MAIDEN NAME Lucy Miller16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wear, Kans.17. INFORMANT Alberta Ziegler (ADDRESS) Cleveland Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Caldwell, Mo. DATE 11-25 194419. UNDERTAKER Geo. E. Myers (ADDRESS) Cleveland Mo.20. FILED 11-25 1944 D. E. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25th 19 4422. I HEREBY CERTIFY, That I attended deceased from Nov 24th 1944, to Nov 25th 1944I last saw him alive on Nov 25 1944 Death is said to have occurred on the date stated above, at 12:45 P.M.

The principal cause of death and related causes of importance were as follows:

Obstruction of the coronary artery way saddlecerebral thrombosis 3 days

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Herman S. Major M. D.(Address) 3100 Euclid AveKansas City, Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

FORM 10-20-30-1 X3914

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

This is to certify this body was embalmed
by Geo. E. Myers Cleveland Mo
License No. 2617 Mo.