

Registration District No. 149

Primary Registration District No. 1002

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:  
North East Hospital  
(If not in hospital or institution, write street number or location) 0  
(d) Length of stay: In hospital or institution 24 Hours  
(Specify whether  
In this community 2 and 1/2 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 42  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 1  
(d) Street No. 3210 East 7th. Street  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 7B

3. (a) PRINT

FULL NAME Chester Logan Miller Jr.

3. (b) If veteran, name war No 3. (c) Social Security No. 481-26-8053

4. Sex Male race White 5. Color or 0 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 6 9 1923  
(Month) (Day) (Year)

8. AGE: Years 21 Months 6 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Glasco Electric Company

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Chester Miller  
13. Birthplace Kansas  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Herndon  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Chester Miller  
(b) Address 3210 East 7th. Street

17. (a) Removal (b) Date thereof 12-30-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burlington Junction, Mo.

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City, Mo.

19. (c) 12-29-44 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27th.  
year 1944 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec 25  
1944 to Dec 27 1944  
that I last saw h. im alive on Dec 27 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction - Coronary Artery Disease  
Duration \_\_\_\_\_

Due to Mitral Regurgitation & Hypertension

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 92 B

Major findings: 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) (Means of injury)

23. Signature Wm. J. Traynor, M.D.  
Address 3800 E 27th St. Kansas City, Mo. Date signed 12-27-44

Dr. W. W. Thompson  
27th & Cleveland

Jan 23 1903  
1 to 4, P.M.

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 me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Wm K Jackson

Licensed Embalmer No. 3954

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.