

S. No. 2
M-2-43
5-17-39
I X35697

Registration District No. 1749

Primary Registration District No. 1002

Registrar's No. 5033

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 13 days
(Specify whether U)

In this community unk
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 118 1/2 Independence
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward Miller

3. (b) If veteran, name war no 3. (c) Social Security No. unk

4. Sex male race White 5. Color of hair unk 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 unk
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>			hr. min.

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

10. Usual occupation none

11. Industry or business _____

12. Name unk

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

14. Maiden name _____

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

16. (a) Informant Record Clerk

(b) Address H. C. Sun Dept

17. (a) Burial (b) Date of _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director unk

(b) Address City Missouri

19. (a) 2-12-44 (b) T. E. Brown (U3)
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2
year 1944 hour 8 minute 10 A.M.

21. I hereby certify that I attended the deceased from Oct. 18, 1944 to Nov. 2, 1944
that I last saw him alive on Nov. 2, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver

Due to _____

Due to _____

Other conditions 1248
(include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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 A. E. Upsher (M. D. or other) unk

Address Med. Dir. Gen'l Hosp. Date signed 11-2-44

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

MOTHER FATHER

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.....

P. O. Address.....

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.