

V. S. No. 2
 00M-5-43
 Rev. 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

1314

State File No. _____

FILED FEB 6 1945
 Registration District No. 709

Primary Registration District No. 1002

Registrar's No. 367

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:
2901 Linwood
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no. (Specify whether
 In this community since 1909
 years, months or days)

3. (a) Claude Wilbur Miller
 FULL NAME
 3. (b) If veteran, name war no. 3. (c) Social Security No. 010

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Edith L. Miller 6. (c) Age of husband or wife if alive unknown years
 7. Birth date of deceased January 28 1876
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 11 23 hr. min.

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

10. Usual occupation Real Estate Operator

11. Industry or business X

MOTHER FATHER

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Edith L. Miller
 (b) Address 2901 Linwood, Kansas City, Mo.

17. (a) Burial (b) Date thereof 1-23-45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-23-45 (b) D. E. Brown
 (Date received local registrar) (Registrar's signature)

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. 2901 Linwood,
 (If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country X

20. DATE OF DEATH: Month January day 21st
 year 1945 hour 6:45 minute P. M.
 21. I hereby certify that I attended the deceased from 19 to 19
 that I last saw h. alive on 19
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
 Due to arterio-sclerosis
 Due to 94/a
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Artery + Pericardium
 Of operations ↑
 Of autopsy no.

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 J. E. Brown (M. D. or other) 3
 Address 1424 1/2 Prof. Rd. Date signed 1-22-45

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 E. M. Plank
Licensed Embalmer No. 1848
P. O. Address 75. 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.