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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

State File No. \_\_\_\_\_  
Registrar's No. **1130**

**FILED MAR 24 1945**  
249

Registration District No. \_\_\_\_\_ Primary Registration District No. **1002**

1838  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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:  
Children's Mercy Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 days  
(Specify whether)  
 In this community 9 months  
years, months or days

**3. (a) PRINT FULL NAME** Date Manning Miller

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

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

7. Birth date of deceased May 12 1944  
(Month) (Day) (Year)

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

9 26 7

9. Birthplace San Francisco California  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

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

**MOTHER FATHER**

12. Name John Miller

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

14. Maiden name Triplett Patton

15. Birthplace Ne Lolu Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Inula Miller  
 (b) Address 325 W College - Indep Mo

17. (a) Burial (b) Date thereof 3 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Mary Indep

18. (a) Signature of funeral director Frank C Carson  
 (b) Address Independence, Missouri

19. (a) 3-10-45 (b) T. E. Brown (13)  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson  
 (c) City or town Independence  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 325 W College  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 3 day 9  
 year 1945 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from 3-6 1945 to 3-9 1945  
 that I last saw him alive on 3-9-1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac De-compensation

Due to congenital deformity of the heart

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

1572

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 H.M. Miller (M. D. or other)  
 Address 1624 P of Bldg 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

*Walter C. Carson*

Licensed Embalmer No.

*4199*

P. O. Address

*Independence*

**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.**