

FILED JUN 4 1945  
 Registration District No. 199

Primary Registration District No. 1001

Registrar's No.

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: General Hospital #2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 12-14-45-A-29-45  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson <sup>48</sup>  
 (c) City or town Kansas City <sup>3</sup>  
(If outside city or town limits, write "RURAL") <sup>8</sup>  
 (d) Street No. 1205 Michigan  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.

3. (a) PRINT FULL NAME GEORGE MILLER  
 (b) If veteran, name war no  
 (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month April day 29  
 year 1945 hour 4:00 minute P M.

4. Sex Male <sup>2</sup>  
 5. Color or race Negro  
 6. (a) Single, widowed, married, divorced, widowed  
 (b) Name of husband or wife unknown  
 (c) Age of husband or wife if alive years  
 7. Birth date of deceased September 15 1876  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 14 1945 to April 29 1945  
 that I last saw him alive on April 29 1945  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
68 7 14 hr. min.

Immediate cause of death Inanition ; due to Carcinoma of Esophagus  
 Duration

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

Due to  
 Due to  
 Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Porter

Major findings: Of operations  
 Of autopsy

11. Industry or business  
 12. Name Annon Miller

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

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

14. Maiden name Clara H. Brown  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Record Clerk  
 (b) Address Gen. Hosp. #2

17. (a) Burial (b) Date thereof 5-23-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director [Signature]  
 (b) Address City, Missouri

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?

19. (a) 5-23-45 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury  
 23. Signature [Signature] (M. D. or other)  
 Address Gen. Hosp #2-600 E. 22 Date signed 5-2-45

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

8  
 23  
 8

**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.....

*Not Embalmed*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Wm A. Schuyler*

Licensed Embalmer No. *3089*

P. O. Address *150 7th*

**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.**