

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

**WED JUL 3 1945**  
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:  
**4404 Harrison**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **27** (Specify whether yrs. months or days)

In this community **27** (Specify whether yrs. months or days)

3. (a) PRINT FULL NAME **William E. Miller**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **492-18-0091**

4. Sex **Male** 5. Color or race **Wh**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ann C. Miller**

6. (c) Age of husband or wife if alive **51** years

7. Birth date of deceased **Jan. 26, 1890**  
(Month) (Day) (Year)

8. AGE: Years **55** Months **4** Days **23** If less than one day hr. min.

9. Birthplace **St. Louis Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Steamfitter**

11. Industry or business **Kaw Construction Co.**

12. Name **Wm. H. Miller**

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

14. Maiden name **Bartha Milford**

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

16. (a) Informant **Mrs. Ann C. Miller**

(b) Address **4404 Harrison**

17. (a) **Burial** (b) Date thereof **6-22-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Mary's Cemetery**

18. (a) Signature of funeral director **Thos. E. Quirk**

(b) Address **4316 T. Post**

19. (a) **6-20-45** (b) **Seraldine Halmer**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson 48**

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

(d) Street No. **4404 Harrison**  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) **0**  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **19** year **45** hour **9** minute **15** P.M.

21. I hereby certify that I attended the deceased from **6-4-45** to **6-19-45**, 1945;  
that I last saw him alive on **6-19-45**, 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death:

**Chronic myocarditis  
acute degeneration  
chronic nephritis**

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

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

Other conditions (include pregnancy within 3 months of death)

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

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

131 15

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 \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature **Wm. C. Montgomery** (M. D. or other)

Address **Argyle Bldg. 16. S. Mo.** Date signed **6-20-45**

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**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 *Thomas E. Quirk*  
.....

Licensed Embalmer No. *3773*  
.....

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.