

S. No. 2
M-543
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF PUBLIC HEALTH
1945
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26532**

Registration District No. **149** Primary Registration District No. **1002** Registrar's No. **3557**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **St. Joseph Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Day** (Specify whether years, months or days)
In this community **20 Years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **2716 Troost Avenue**
(e) Citizen of foreign country? **No**
If yes, name country.

3. (a) PRINT FULL NAME **EVERETT W. MILLER**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **703-03-8774**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Helen Miller**
6. (c) Age of husband or wife if alive **37** years
7. Birth date of deceased **May 12th 1906**

8. AGE: Years **39** Months **3** Days **12** If less than one day .hr. min.

9. Birthplace **Fairplay Missouri**

10. Usual occupation **Mechanic**

11. Industry or business

MOTHER FATHER
12. Name **James Miller**
13. Birthplace **Unknown**
14. Maiden name **Phena Deen**
15. Birthplace **Dunnington Missouri**

16. (a) Informant **Mrs. Helen Miller**
(b) Address **2716 Troost Avenue**

17. (a) **Burial** (b) Date thereof **8/26/1945**
(c) Place: burial or cremation **Pleasant Hill, Mo.**

18. (a) Signature of funeral director **Freeman Mortuary & Chapel**
(b) Address **104 West 42nd Street**

19. (a) **8-25-45** (b) **Alfredine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **August** day **24th** year **1945** hour minute M.
21. I hereby certify that I attended the deceased from **Pathologist**
that I last saw h. alive on .19. and that death occurred on the date and hour stated above.

Immediate cause of death **Toxic hepatitis**
Fatty degeneration of liver
Due to **(Etiology unknown)**
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: **12485**
Of operations
Of autopsy **As above**

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?
(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 **Loaine Sherwood** (M. D. seal)
Address **Pathologist** Date signed **8-24-45**

St. Joseph Hospital, K.C., Mo.

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 H. Erwin
Licensed Embalmer No. 4352
P. O. Address Kansas City, 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.