S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 9 1946

State File No. 40204

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5200

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: 313 Lawrence St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 313 Lawrence St. 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME RUDOLPH H. MILLER

3. (b) If veteran, name war No

3. (c) Social Security No. 487-05-7579

4. Sex Ma 0

5. Color or race Wh

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

6. (b) Name of husband or wife Elenora Miller

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased September (Month) 28 (Day) 1891 (Year)

8. AGE: Years 54 Months 2 Days 18 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Night Supervisor

11. Industry or business Aines Dairy

FATHER
12. Name Rudolph Miller 5
13. Birthplace (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name Anna Spanger
15. Birthplace Kansas City (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. Elenora Miller
(b) Address 313 Lawrence St. KC Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-45 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City, Mo.

19. (a) 12-18-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16th year 1945 hour 12: minute 05 P.M.

21. I hereby certify that I attended the deceased from Dec. 15, 1945, to Dec. 16, 1945, that I last saw him alive on Dec. 16, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocarditis	2 days
Due to: Chronic Myocarditis	6 mo.
Due to: Chronic Nephritis	5 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 131 b
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature J. W. Graneshoff MD (M. D. or other)
Address 3527 Broadway, KC Mo. Date signed Dec. 18 45

(Licensed Embalmer's Statement on Reverse Side)

3527 Broadway
ME 5522

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 Alvin R Haunschild

Licensed Embalmer No. 4159

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.