S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41427

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 370

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 41 days
In this community 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Fairmount Station Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 103 S. Hawthorne
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ZORA WILLIAM MILLSIRONS
3. (b) If veteran, name war none
3. (c) Social Security No.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Rosabelle Millirons
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased October 29, 1873 (Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 26 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Retired Carpenter
11. Industry or business Standard Oil Corp.
FATHER
12. Name Unknown Millirons
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Mann
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Rosabelle Millirons
(b) Address 103 S. Hawthorne
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills
18. (a) Signature of funeral director Geo. C. Carson Funeral Home
(b) Address Independence Missouri
19. (a) 12-27-45 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25 year 1945 hour 1 minute 40 P.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion — Duration
Due to Coronary Sclerosis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy See above

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

23. Signature J. E. Usher M.D. (M. D.)
Address 2800 Main Date 12/26/45

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(Licensed Embalmer's Statement on Reverse Side)

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 George C. Carson

Licensed Embalmer No. 2249

P. O. Address Indep. 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.