

S. No. 2  
-9.4.41  
5-17-39  
X29424

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

2150

STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside of or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
State Hospital No. 2, 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 5 months 27 days  
(Specify whether years, months or days)

In this community. 5 months 27 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2309 Highland  
(If rural, give location)

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

If yes, name country? .....

3. (a) PRINT FULL NAME DUDLEY MILLER

3. (b) If veteran, name war none

3. (c) Social Security No. none

'MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 8  
year 1946 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from 7-11-1945 to 1-8-1946  
that I last saw him live on 6-8-1946  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased 5-17-1892  
(Month) (Day) (Year)

Immediate cause of death MYOCARDITIS

Due to Rodentis with cerebral arterio-sclerosis 15 years

8. AGE: Years 53 Months 56 Days 7 2 4  
If less than one day hr. min.

Other conditions (include pregnancy within 3 months of death) .....

Major findings: Of operations .....

Of autopsy None

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

9. Birthplace Prine Bluff Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Common laborer

11. Industry or business Common labor

12. Name Nelson Miller

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

Married name Luskannon

14. Birthplace Luskannon Luskannon  
(City, town, or county) (State or foreign country)

15. Informant Mattie Miller

(b) Address 2309 Highland, K.C. Mo.

17. (a) Removal (b) Date thereof 1-9-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lynch Co. Mo.

18. (a) Signature of funeral director W. H. ...

(b) Address 2304 Vine St. Kansas City Mo.

19. (a) Jan 9, 1946 (b) Off Westhurst  
(Date received local registrar) (Registrar's signature)

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 work? (Specify type of place) (e) Means of injury .....

23. Signature J. H. Maresway (M. D. or other)  
Address State Hospital No. 2 Date signed 1-8-46

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

MOTHER'S EYE  
CORRECTED  
3/21/46

34

(Licensed Embalmer's Statement on Reverse Side)

JUN 9 1946

JAN 25 1946

FEB 25 1946

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.

Signature

*[Handwritten Signature]*

Licensed Embalmer No.

2540

P. O. Address

2304 Pine St

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.

STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

*Print*

State of Missouri }  
County of Jackson } ss.

State File No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. ....

On this 28 day of January, 1946, before me appears Mattie Miller, wife, who, upon her oath, states that the original record of birth death for Dudley Miller died Jan 8 born Jan 8, 1946 in the State of Missouri, and which was filed at St. Joseph on Jan 9, 1944, should be corrected as follows:

Item No. 1 should read 50

Instead of reading 53

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mattie Miller Wife Relationship.

2209 Highland ave. present Address.

Subscribed and sworn to before me this 28 day of January, 1946

My Commission expires July 13 1948 Adah B Jordan Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

JUN 9 1977

2150