No. 2
—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 19 1946

State File No. 5773

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 657

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: Little sisters of the Poor
(If not in hospital or institution, write street number or location) Little sisters of the Poor

(d) Length of stay: In hospital or institution 2 weeks 5 (Specify whether
In this community 46 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 5331 Highland 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Edmund M. Miller

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 0

5. Color or race Wh

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased March 28, 1874
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 9 If less than one day hr. min.

9. Birthplace Paola Kans 1
(City, town, or county) (State or foreign country)

10. Usual occupation Telegrapher

11. Industry or business Southern Pacific

FATHER
12. Name Jacob Miller
13. Birthplace Bavaria Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary M. Faltz
15. Birthplace Indiana 1
(City, town, or county) (State or foreign country)

16. (a) Informant Charles R. Miller
(b) Address 1343 E. 55 St.

17. (a) [redacted] REMOVAL (b) Date thereof 2-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Paola, Kans.

18. (a) Signature of funeral director Thos. E. Quirk
(b) Address 4316 Troost Ave.

19. (a) 2-8-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 7
year 46 hour 1:30 PM minute M.

21. I hereby certify that I attended the deceased from 2-1, 1946, to 2-7, 1946
that I last saw him alive on 2-6, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute Cardiac failure	1 day
Due to: Coronary thrombosis	6 days
Due to: arteriosclerosis + moderates hypertension	years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations — 94a
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 John T Skinner (M. D. or other) MD
Address 1102 Grand Ave. K.C. Date signed 2-8-46

(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 Thomas E. Quirk

Licensed Embalmer No. 3775

P. O. Address K C 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.