

State File No. 20402
2809
 Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

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

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 days
(Specify whether
 In this community 30 yrs.
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. 1230 Washington 8
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME Jennie Miller
 3. (b) If veteran, name war no 3. (c) Social Security No. none
 4. Sex Fe 5. Color or race wh 6. (a) Single, widowed, married, divorced Mar
 6. (b) Name of husband or wife Henry Miller 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 9 5 1887
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 24
 year 1946 hour 12 minute 10 A.M.
 21. I hereby certify that I attended the deceased from June 16 19 46 to June 24 19 46
 that I last saw h. er alive on June 24 19 46
 and that death occurred on the date and hour stated above.

8. AGE: Years 58 Months 9 Days 19 If less than one day _____ hr. _____ min.

Immediate cause of death Carcinoma of bladder
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 52 b
 Major findings:
 • Of operations _____
 Of autopsy None
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

9. Birthplace Ut Home Iowa
(City, town, or county) (State or foreign country)
 10. Usual occupation at home
 11. Industry or business _____
 MOTHER FATHER { 12. Name Mr B. Burget
 { 13. Birthplace Del
(City, town, or county) (State or foreign country)
 { 14. Maiden name Aphrettia J. Myers
(City, town, or county) (State or foreign country)
 { 15. Birthplace Ohio
(City, town, or county) (State or foreign country)
 16. (a) Informant Van Kesp
 (b) Address K.C. Mo.
 17. (a) Burial (b) Date thereof June 25 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Med. Dir. Hosp
 18. (a) Signature of funeral director Ms. E. H. Faister
 (b) Address K.C. Mo.
 19. (a) 6-24-46 (b) Steraldine Holmes
(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 _____
 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 0
 23. Signature W. W. Hart (M. D. or other) MD
 Address Med. Dir. Gen'l Hosp Date signed 6-24-46

Dr. Cope

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 *C. H. Wise*

Licensed Embalmer No. *2570*

P. O. Address *100 W*

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.