

S. No. 2
DM-5-43
v. 5-17-39
I X36677

State File No. _____

FILED JUL 10 1946
Registration District No. 147

Primary Registration District No. 1002

Registrar's No. 2855

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:
2310 Brighton
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 32 Years
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. 2310 Brighton 8
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME Jesse Thomas Miller
 3. (b) If veteran, name war No
 3. (c) Social Security No. 510-05-8132

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month June day 25th
 year 1946 hour 4 minute P. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife Anna Miller
 6. (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased 2 15 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 22, 1946 to June 25, 1946
 that I last saw him alive on June 22, 1946
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>4</u>	<u>10</u>	hr. _____ min. _____

Immediate cause of death Heart attack
 Due to arterio-sclerosis
 Due to _____

Duration 4 MO

9. Birthplace Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Beef Loader
 11. Industry or business Armour & Co. Packing House

Other conditions 93-d
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

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

MOTHER FATHER

12. Name Thomas G. Miller
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Mary A. Peacher
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)
 16. (a) Informant Mrs. James Kenneth Morrison
 (b) Address 2601 Steele Road, K.C. Kansas.
 17. (a) Burial (b) Date thereof 6-27-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Hill
 18. (a) Signature of funeral director Mrs. C. L. Forster
 (b) Address Kansas City, Missouri
 19. (a) 6-27-46 (b) Geraldine 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 _____
 (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)
 Means of injury _____
 Signature Ralph Perry (M. D. or other) MD
 Address 4800 VE 24 Date signed 6-25-46

FILE
1-10-77

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. Niles

Licensed Embalmer No. 2576

P. O. Address 1102 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.