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

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF HEALTH STANDARDS  
**FILED SEP 21 1946 STANDARD CERTIFICATE OF DEATH**

State File No. **33686**  
Registration District No. **149** Primary Registration District No. **1002** Registrar's No. **4232**

1. PLACE OF DEATH:  
(a) County **JACKSON**  
(b) City or town **JEFFERSON CITY**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **6200 TROOST AVENUE**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **55 YEARS** (Specify whether  
In this community **55 YEARS** years, months or days)

3. (a) PRINT FULL NAME **FRANK CHARLES MILLER**  
3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NOIVE**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **MRS. KATHERINE MILLER** 6. (c) Age of husband or wife if alive **71** years  
7. Birth date of deceased **DECEMBER 24 - 1869**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **9** Days **10** If less than one day hr. min.

9. Birthplace **SHELBYVILLE MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **CO. PARTNER**

11. Industry or business **MILLER SCREEY CO.**

12. Name **CHARLES MILLER**

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

14. Maiden name **SARAH W. GIVINS**

15. Birthplace **SHELBYVILLE MISSOURI**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. KATHERINE MILLER**  
(b) Address **93RD & HILLCREST ROAD**

17. (a) **BURIAL** (b) Date thereof **OCT-7-1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **MT MORIAH CEMETERY**

18. (a) Signature of funeral director **D. W. Newadamer, Jr.**  
(b) Address **1401 BRUSH CREEK BLVD**  
19. (a) **10-7-46** (b) **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

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") **F**  
(d) Street No. **6200 TROOST AVENUE** **U**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **OCT** day **4th**  
year **1946** hour **2** minute **55-P.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on \_\_\_\_\_ State and how stated above.

Immediate cause of death **Deputy Coroner**  
**Coronary Sclerosis**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions **93rd**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **History of Inspection**  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature **A. E. Usher** (M. D. or other) **M.D.**  
Address **2800 Main** Date signed **10/5/46**

**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 Elmer W. Moxey

Licensed Embalmer No. 1767

P. O. Address Kansas City

**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.**