

**FILED DEC 24 1946**  
149

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: K.C. Gen/Hosp. K.C. Mo.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days  
(Specify whether In this community Unknown years, months or days)

3. (a) PRINT FULL NAME Bovell Million

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased April 1 1880  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>8</u>	<u>6</u>	hr. min.

9. Birthplace unknown  
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business X

MOTHER FATHER

12. Name William F. Million

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

14. Maiden name unknown

15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Clifford Million,

(b) Address 3005 Brooklyn, Kansas City, Mo.

17. (a) removal (b) Date thereof 12-7-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rock Port, Missouri

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-9-46 (b) Alredine Holmes  
(Date received local registrar) (Registrar's signature)

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. 3005 Brooklyn  
(If rural, give location)

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

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7th  
year 1946 hour 12 minute 25 A. M.

21. I hereby certify that I attended the deceased from 11-22-46 to 12-7-46, 1946;  
that I last saw him alive on 12-7-46, 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia possibly toxic duration  
Intestinal obstruction  
partial - inguinal hernia

Due to.....

Due to.....

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

Major findings: as above

Of operations.....

Of autopsy as above

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)

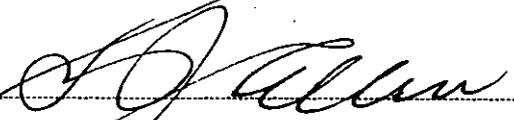
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

23. Signature W. W. Stine (M. D. or other) MD  
Address Med. Dir. K.C. Gen. Hosp. Date signed 12-7-46

**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  .....

Licensed Embalmer No. 1455-

P. O. Address. 15 C. M.

**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.**