

FILED FEB 5 1947
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Registration District No.

Primary Registration District No. 1002

Registrar's No.

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: ST. LUKES CHILDREN'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County MIAMI 1999
(c) City or town OSAWATOMIE 14
(If outside city or town limits, write "RURAL")
(d) Street No. 327 MAIN ST. 0
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME TERRY MILLER

3. (b) If veteran, name war. no
3. (c) Social Security No. none

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife INFANT
6. (c) Age of husband or wife alive years

7. Birth date of deceased No 19-1946
(Month) (Day) (Year)

8. AGE: Years 0 Months 2 Days 4
If less than one day hr. min.

-9. Birthplace OSAWATOMIE KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business

12. Name WILFRED MILLER

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

14. Maiden name HELEN SPELLMAN

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

16. (a) Informant MR. & MRS. WILFRED MILLER
(b) Address OSAWATOMIE KANSAS

17. (a) REMOVAL (b) Date thereof JAN 23 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OSAWATOMIE, KANSAS

18. (a) Signature of funeral director STINE-McCLURE
(b) Address KANSAS CITY, MO.
19. (a) 1-14-47 (b) J. J. Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 23
year 1947 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan. 9 1947 to Jan. 23 1947
that I last saw him alive on Jan. 23 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Due to Entert

Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: 1190
Of operations
Of autopsy

Duration
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) (e) Means of injury
23. Signature Harry M. Kelly (M. D. or other)
Address 1624 Prof. Kelly Date signed

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

MOTHER FATHER

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.....

[Handwritten Signature]
Licensed Embalmer No. 1415
P. O. Address B. C. [unclear]

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.