

FILED APR 1 1947
749

Registration District No.

Primary Registration District No. 1002

Registrar's No. 1248

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K.C.

(c) Name of hospital or institution General Hospital # 2
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 5 Days
(If not in hospital or institution, write street number or location)

In this community 4 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County Jackson

(c) City or town K.C.

(d) Street No. 2118 Kansas
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME THOMAS MILLIGAN,

3. (b) If veteran, name war Dont. Know.

3. (c) Social Security No. Dont. Know

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 13
year 1947 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from Deputy - Coroner 19____, 19____
and that death occurred on the date and hour stated above.

4. Sex MALE

5. Color or race NEIRO

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dont. Know
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

Due to fractured Skull

Due to Fall - from 3rd fl. N.E. Gen. Hosp - # 2

Other conditions Fractured Left Tibia
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
<u>about 54</u>				hr. _____ min. _____

9. Birthplace Paducah K.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation LABOR

Major findings: 1042

Of operations _____

Of autopsy no - permit.

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

MOTHER FATHER

11. Industry or business _____

12. Name Sam Milligan

13. Birthplace Paducah K.Y.
(City, town, or county) (State or foreign country)

14. Maiden name Madry Dusty

15. Birthplace Paducah K.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Maggie Hutchcross

(b) Address 1639 Cal. St. St. Louis, MO.

17. (a) Burial (b) Date thereof 3-19-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LINCOLN C.E.M.

18. (a) Signature of funeral director Brady - Brown

(b) Address 1708 Macy

19. (a) 3-18-47 (b) Steraldine Holme
(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) Suicide

(b) Date of occurrence 3-13-47

(c) Where did injury occur? N.C. Jackson - no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
N.C. Gen. Hosp - no. 2
(Specify type of place)

While at work? no (c) Means of injury Fractured Skull

23. Signature J. Williams (M. D. or other) _____
Address 216 34 - Brooklyn Date signed _____

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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 1271

P. O. Address R. C. Mrs.

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.