V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1947

Registration District No. 197

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 13587

Registrar's No. 1899

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. JOSEPH HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 3 WEEKS (Specify whether
In this community 1 MONTH
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State NEBRASKA (b) County LANCASTER 99

(c) City or town LINCOLN 25
(If outside city or town limits, write "RURAL")

(d) Street No. 6906 PLATTE AVENUE 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME MR. HENRY DAVIS MILLER

3. (b) If veteran, name war NO

3. (c) Social Security No. 707-05-3491

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of ~~husband or~~ wife MRS. MARTHA ELIZABETH MILLER

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

7. Birth date of deceased MARCH (Month) 16 (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	1	11	hr. min.

9. Birthplace CALLOWAY COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation STORE DEPARTMENT

11. Industry or business CHICAGO - BURLINGTON & QUINCY

FATHER
12. Name WILLIAM GIBBS MILLER
13. Birthplace CALLOWAY COUNTY (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name CLARA DRUSILLA CARNES
15. Birthplace UNKNOWN (City, town, or county) OHIO (State or foreign country)

16. (a) Informant MRS. FOREST C. WALLACE

(b) Address DENVER, COLORADO

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof APRIL 28 1947 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ HAVELOCK CEMETERY LINCOLN, NEBRASKA

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 4-28-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 27TH year 1947 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from April 6 — 1947, to 4-27, 1947 that I last saw him alive on 4-27, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of colon

Due to

Due to

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

Major findings:
Of operations 46

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature [signature] (M. D. ~~or other~~)

Address Argyle Bldg. Date signed 4-27-47

(Licensed Embalmer's Statement on Reverse Side)

St. Joseph Hospital

SEP 4 1947

JUN 10 1947

JUL 24 1957

MAY 11 1950

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 D. D. Nofsinger

Licensed Embalmer No. 3938

P. O. Address Kansas City, 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.