

S. No. 2
1-12-45
7. 5-17-39
201 X47070

DEPARTMENT OF COMMERCE -
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24300

FILED AUG 13 1947

State File No. _____

Registration District No. 147

Primary Registration District No. 1002

Registrar's No. 3201

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:
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 DAYS
(Specify whether years, months or days)

In this community 66 YRS.
(Specify whether years, months or days)

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")

(d) Street No. 919 HIGHLAND 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Chester Arthur Milligan

3. (b) If veteran, name war No

3. (c) Social Security No. Unk.

4. Sex MALE 2 5. Color or race NEGRO

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

6. (b) Name of husband or wife NETTIE MILLIGAN

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased FEBRUARY 12, 1881
(Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 15
If less than one day _____ hr. _____ min.

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation JANITOR

11. Industry or business _____

MOTHER FATHER { 12. Name JOE MILLIGAN

13. Birthplace CLAY COUNTY MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name EMMA

15. Birthplace CLAY COUNTY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant NETTIE MILLIGAN (WIFE)

(b) Address 919 HIGHLAND

17. (a) Burial (b) Date thereof 7/30/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Walter B...

(b) Address 1728 Locust Ave.

19. (a) 7-30-47 (b) Gertrude Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 27,
year 1947 hour 1: minute 00 P. M.

21. I hereby certify that I attended the deceased from JULY 25, 1947 to JULY 27, 1947,
and that death occurred on the date and hour stated above.

that I last saw him alive on JULY 27, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL VASCULAR ACCIDENT IM
Duration

Due to HYPERTENSIVE HEART DISEASE

Due to _____

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

Major findings: _____

Of operations 93.0

Of autopsy _____

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? 0

While at work? _____
(Specify type of place) (e) Means of injury

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

Address GENERAL HOSPITAL NO. 2 Date signed 7/28/47

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

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.....

J. Jerome Macdonald

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.