

FILED AUG 9 1947

Registration District No. 150

Primary Registration District No. 5573

Registrar's No. 126

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

1. PLACE OF DEATH:

(a) County Jackson County RURAL
SW-2-BAL
T.W.R.

(b) City or town Blue Springs, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home Mrs. H. R. Stebbins Blue Springs
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 years
(Specify whether years, months or days)

In this community 8 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME William Miller

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex NO 5. Color or race W

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

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased: September 13 1854
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>92</u>	<u>10</u>	<u>18</u>	hr. min.

9. Birthplace Pascy County Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business ---

12. Name Christopher Miller 5

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

14. Maiden name Catherine Yost

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

16. (a) Informant Mrs. H. R. Stebbins

(b) Address Independence Mo. R# 3

17. (a) Removal (b) Date thereof 7/31/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Texas Missouri

18. (a) Signature of funeral director Clifford W. Justice

(b) Address Texas Missouri

19. (a) July 31, 1947 (b) Donald C. Emshower
(Date received local registrar) (Registrar's signature) 270

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence Missouri R# 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2 1/2 NE Blue Springs
(If rural, give location)

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

If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st
year 1947 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from 7-31-1947 to 7-31-1947
that I last saw h. in alive on 7-31-1947
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to ---

Due to ---

Other conditions: ---
(Include pregnancy within 3 months of death)

Major findings: ---

Of operations: ---

Of autopsy: ---

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? 2

While at work --- (Specify type of place)

(e) Means of injury ---

23. Signature J. E. Aubrey (M. D. or other) 20
Address Blue Springs Mo. Date signed 8-1-47

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.....

Clifford W. Austin

Licensed Embalmer No. *3233*

P. O. Address *Tina, Missouri*

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.