No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27841

FILED AUG 26 1947

Registration District No. 49 Primary Registration District No. 1002 Registrar's No. 3499

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community 44 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 5630 Paseo
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Florence Maud MILLER
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Clayton T. Miller
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: June (Month) 23 (Day) 1888 (Year)

8. AGE: Years 59 Months 1 Days 19 If less than one day hr. min.

9. Birthplace: Randolph County, Nebraska (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: At home
MOTHER FATHER
12. Name: Wm. Parker
13. Birthplace: Rochester, New York (City, town, or county) (State or foreign country)
14. Maiden name: Dillie Bird
15. Birthplace: Unknown Indiana (City, town, or county) (State or foreign country)
16. (a) Informant: Mr. Clayton T. Miller
(b) Address: 5630 Paseo, K. C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill
18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Missouri
19. (a) 8-14-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 12 year 1947 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from Aug 10-47 19, to Aug 12-47 19, that I last saw h. alive on Aug 12-47 19, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	5 minutes
Due to:	
Due to:	
Other conditions: Gall bladder disease (Include pregnancy within 3 months of death)	
Major findings: Of operations: No operation	
Of autopsy: No autopsy	

PHYSICIAN — Underline the cause of 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
23. Signature: Vincent Williams (M. D. or other)
Address: 836 Argyle Bldg. Date signed: Aug 13-47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. Ted Williams
St. Joseph Hosp.

Dr V.T. Williams

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 Russell N. Franc

Licensed Embalmer No. 4255

P. O. Address K.C. 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.