No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 26 1947

Registration District No. 146

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5-5-68

State File No. 28057

Registrar's No. 237

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Sugar Creek, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Standard Oil Co. 3
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 11201 E. 6th 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME MR. HOWARD A. MILES

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

3. (c) Social Security No. 486-03-1000

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Anna Lee Miles

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

7. Birth date of deceased Feb. 16, 1889
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	5	14	..... hr. ..... min.

9. Birthplace Kansas City, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Brick mason

11. Industry or business Standard Oil Co.

FATHER
12. Name Geo. W. Miles 1
13. Birthplace Miles Cross Roads, Tenn.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth C. Chapman
15. Birthplace Cave City, Ky. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Lee Miles
(b) Address 11201 E. 6th. K. C. 3, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/2/47
(Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Geo. C. Carson Funeral Home
(b) Address Independence, Mo.

19. (a) 8-6-47 (Date received local registrar) (b) [signature] (Registrar's signature) 254

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1947 hour 8:35 minute A M.

21. I hereby certify that I attended the deceased from .....
....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion 9.4

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)
Deputy Coroner

Major findings:
Of operations .....

Of autopsy See Above

Duration

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) 0

While at work ..... (e) Means of injury .....

23. Signature A. E. Ussher Mo (M. D. or other)

Address 2800 Main Date signed 7/31/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 William H. Schlanker, Registered Apprentice No. 439, working under my personal supervision.

Signed R. S. Lisle

Licensed Embalmer No. 4123

P. O. Address Independence, 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.