

S. No. 2
 DM-5-43
 v. 5-17-39
 I X36671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED SEP 16 1947

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **31341**
 Registrar's No. **3761**

Registration District No. **149** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas City, Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Research Hosp.**
 (If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital or institution **9 hrs.** (Specify whether
 In this community **9 hrs.** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Platte**
 (c) City or town **Liberty City** (If outside city or town limits, write "RURAL")
 (d) Street No. **1** (If rural, give location)
 (e) Citizen of foreign country? **no.** (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME **Baby Miller**
3. (b) If veteran, **no.** **3. (c) Social Security** **none**
 name war No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept.** day **3rd**
 year **1947** hour **7:30** minute **a.** M.
21. I hereby certify that I attended the deceased from **9-2-** 1947, to **9-3-** 1947
 that I last saw h. **er** alive on **9-3-** 1947
 and that death occurred on the date and hour stated above.

4. Sex **female** **5. Color or** **white** **6. (a) Single, widowed, married,** **single**
 race divorced
6. (b) Name of husband or wife **6. (c) Age of husband or wife if**
 alive **2** years
7. Birth date of deceased **Sept. 2, 1947**
 (Month) (Day) (Year)

Immediate cause of death **Atalectasia - 7 mos**
 Due to **Placenta praevia -**
 Due to
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: **16/2**
 Of operations
 Of autopsy

8. AGE: Years Months Days If less than one day
9 hr. **9** min.

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

10. Usual occupation **infant**

11. Industry or business

12. Name **Alfred Leon Miller**

13. Birthplace **Smithville, Mo.** (City, town, or county) (State or foreign country)

14. Maiden name **Harrlette Ann Selvey**

15. Birthplace **Platte Co., Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **A. G. Miller**
(b) Address **Liberty, Mo. R.F.D.**

17. (a) (Burial, cremation, or removal) **burial** **(b) Date thereof** **9-3-47**
 (Month) (Day) (Year)
(c) Place: burial or cremation **Smithville, Mo.**

18. (a) Signature of funeral director **McDonough Funeral Home**
(b) Address **Smithville, Mo.**

19. (a) **9-3-47** **(b) Geraldine Holmes**
 (Date received local registrar) (Registrar's signature)

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?
 While at work? (Specify type of place) (e) Means of injury
23. Signature **Don Carlos Cuffey MD** (M. D. or other)
Address **717 Prof. Bldg.** **Date signed** **9/3/47**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....

Not Embalmed

Registered Apprentice No.....

working under my personal supervision.

Signed.....

S. A. McLoonan

Licensed Embalmer No. *2303*

P. O. Address. *Suitville, Ms.*

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.