S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 29 1947

Registration District No. 1

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 31344

Registrar's No. 3935

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: 709 Washington
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

(c) City or town Kansas City - 3
(If outside city or town limits, write "RURAL")

(d) Street No. 709 Washington 8
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME NOAH MILLER

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M 0

5. Color or race Wh.

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

6. (b) Name of husband or wife Mary Miller

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased April 15, 1865
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
82	4	27	hr. min.

9. Birthplace Ky. (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Farmer

FATHER
12. Name Do
13. Birthplace not (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name know
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Jasper Miller
(b) Address 724 S. 14 K.C.K.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-15-47 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cem K.C.K

18. (a) Signature of funeral director H Simmons
(b) Address K C K

19. (a) 9-15-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12
year 1947 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from Coroner, 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 Coronary insufficiency

Due to Arterio sclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no
History & Inspection

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)

While at work? (e) Means of injury

23. Signature Jamil Walker (M. D. or other) Coron

Address 1424 [illegible] Date signed 9-12-47

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed. F. L. Walton

Licensed Embalmer No. 2744

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.