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. 4983

FILED FEB 23 1948

Registration District No. 449

Primary Registration District No. 1002

Registrar's No. 575

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

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: 316 Ewing /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community 4 mo
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")
(d) Street No. 316 Ewing 8
(If rural, give location) U
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Georgene L. MILLER
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Fem. /
5. Color or race Wh
6. (a) Single, widowed, married, divorced Single /
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased ~~xx~~ 10/7/47
(Month) (Day) (Year)

8. AGE: Years | Months 4 | Days 0 | If less than one day ... hr. ... min.

9. Birthplace Kansas City Mo 0
(City, town, or county) (State or foreign country)
10. Usual occupation --
11. Industry or business --

FATHER
12. Name George Miller
13. Birthplace Lexington, Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bernice Chard
15. Birthplace Medford, N. J. /
(City, town, or county) (State or foreign country)

16. (a) Informant George Miller
(b) Address 316 Ewing Ave., Kansas City, Mo.
17. (a) Burial (b) Date thereof 2/9/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington
18. (a) Signature of funeral director John P. Sheil
(b) Address Kansas City, Mo.
19. (a) 2-9-48 Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 7
year 1948 hour 7:00 minute 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.

	Duration
Immediate cause of death Broncho-pneumonia	
Due to Empyema	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 110 as	
Of autopsy yes as above	

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 5
23. Signature James Miller (M. D. ~~or other~~ Cor.)
Address 1424 Prof Bldg Date signed 2-7-48

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 John P Shiel

Licensed Embalmer No. 3625

P. O. Address Kansas City 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.