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 MAY 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16448

Registration District No. 949 Primary Registration District No. 1002 Registrar's No. 2055

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: Childrens Mercy Hosp. (If not in hospital or institution, write street, number or location)

(d) Length of stay: In hospital or institution 32½ hrs. (Specify whether In this community 9 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. Fairmount Hosp. 8 (If rural, give location) 0

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

If yes, name country —

3. (a) PRINT FULL NAME Michael Miller.

3. (b) If veteran, name war — no

3. (c) Social Security No. none

4. Sex Male

5. Color or race white

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 May (Month) 3 (Day) 1948 (Year)

8. AGE: Years 0 Months 0 Days 9 If less than one day hr. min.

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

10. Usual occupation — infant

11. Industry or business —

FATHER
12. Name unknown.
13. Birthplace " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Janet L. Miller
15. Birthplace Fandwich, Ill. (City, town, or county) (State or foreign country)

16. (a) Informant L. Windler. R.N.

(b) Address Childrens Mercy Hosp.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May. 14. 48 (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director A. P. Doehler

(b) Address 1415 E 15

19. (a) 5-14-48 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th year 1948 hour 11 30 PM minute 30 P.M.

21. I hereby certify that I attended the deceased from ~~May 11 11th~~, 1948, to ~~May 12th~~, 1948; that I last saw him alive on ~~May 12~~, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Pathologist Kernicterus

Due to Erythoblastosis

Due to —

Other conditions (Include pregnancy within 3 months of death) 1 lb C

Major findings: Of operations

Of autopsy Same

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 P. C. H. Schmid (M. D. or other)

Address Mercy Hospital Date signed 13 May 1948

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 Not Embalmed Registered Apprentice No. ..... working under my personal supervision.

Signed H P L Doehler

Licensed Embalmer No. 1166

P. O. Address 1415 E 15

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.