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 JUL 12 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 19590

Registrar's No. 2734

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: 1315 Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 23 years
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. 1315 Jefferson 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME BIRDIE DELPHIA MILLER
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex fe 1
5. Color or race white
6. (a) Single, widowed, married, divorced Div. 3
6. (b) Name of husband or wife Oram Miller
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 8 1897 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	50	11	22	hr. min.

9. Birthplace Otwell (City, town, or county) Ind. 1 (State or foreign country)
10. Usual occupation Home maker
11. Industry or business at home
FATHER
12. Name Unknown
13. Birthplace unknown (City, town, or county) 7 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs Jean Kirkpatrick
(b) Address 1315 Jefferson
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington
18. (a) Signature of funeral director C.H.Blackman & Son, Inc.
(b) Address 2825 Independence Blvd.
19. (a) 7-1-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1948 hour 6 minute 30 A M.
21. I hereby certify that I attended the deceased from 1-9, 1945 to 6-30, 1948
that I last saw her alive on 6-29, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculosis - Pulmonary	Unknown
Due to	
Due to	
Other conditions Spinal tuberculosis (Include pregnancy within 3 months of death)	4 mo.

Major findings:
Of operations
Of autopsy 13 15

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 Harold W Bean (M. D. or other) Dr.
Address 4150 Rainbow KC Kan Date signed 7-1-48

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 O K McFarland

Licensed Embalmer No. 4397

P. O. Address Kansas City

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.