FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 19 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23121

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2824

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:
St. Marys Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Months (Specify whether
In this community 60 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. 4416 East 11th. Street 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Fred E. Miller

3. (b) If veteran, name war No

3. (c) Social Security No. 496-05-8096

4. Sex Male 0

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased 5-21-1881
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 16 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Maintainance Man

11. Industry or business Kansas City Southern Railroad

FATHER
12. Name Caswell Miller
13. Birthplace (City, town, or county) Tennessee 1 (State or foreign country)

MOTHER
14. Maiden name Ida Givens
15. Birthplace (City, town, or county) No Record 9 (State or foreign country)

16. (a) Informant Mrs. Eva Miller
(b) Address 4416 East 11th. Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-9-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mrs. C.L.Forster
(b) Address Kansas City, Missouri

19. (a) 7-8-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th.
year 1948 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from
, 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 Circulatory Failure

Due to Calcareous Aortitis

Due to Fracture Right Femur

Injury By Fall

Other conditions (Include pregnancy within 3 months of death) (Deputy Coroner)

Major findings:
Of operations
Of autopsy See Above

Duration

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) Accident 123

(b) Date of occurrence 4-15-1948

(c) Where did injury occur? Kansas City (City or town) (County) MO (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? No (e) Means of injury Trauma

23. Signature A. E. Ussher (M. D. or other) MD 0

Address 2600 Main Date signed 7/7/48

(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 Dean Owens

Licensed Embalmer No. 4280

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.