S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 4 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26484

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 3386

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: 917 CENTRAL STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---

In this community 30 YEARS (Specify whether 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. 917 CENTRAL STREET 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country ---

3. (a) PRINT FULL NAME MR. WALTER CHARLES MILLER

3. (b) If veteran, name war NO

3. (c) Social Security No. 490-16-6190

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. JESSE MILLER

6. (c) Age of husband or wife if alive REFUSED TO GIVE years

7. Birth date of deceased JUNE - 21 - 1889 (Month) (Day) (Year)

8. AGE: Years 59 | Months 1 | Days 26 | If less than one day ___ hr. ___ min.

9. Birthplace NEW ALBANY INDIANA (City, town, or county) (State or foreign country)

10. Usual occupation PALACE HOTEL MANAGER

11. Industry or business PALACE HOTEL. KCMO.

FATHER
12. Name GEORGE MILLER 9
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY JOHNSON
15. Birthplace LOUISVILLE KENTUCKY (City, town, or county) (State or foreign country)

16. (a) Informant MRS JESSE MILLER
(b) Address 917 CENTRAL.

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof 8-21-48 (Month) (Day) (Year)

(c) Place: burial or cremation D.W. NEWCOMERS SONS

18. (a) Signature of funeral director D.W. Newcomers Sons
(b) Address 1401-BRUSH CREEK BLVD.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 17TH year 1948 hour 12:00 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 8, 1948 to Aug. 17, 1948; that I last saw h. alive on April 19, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart disease	Years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93d
Of autopsy

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)

(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 [illegible] (M. D. or other) M D

Address 934 Argyle Bldg Date signed 8-18-48

(Licensed Embalmer's Statement on Reverse Side)

Argyle Bldg.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed~~ Not Embalmed by me, or by.....

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

working under my personal supervision.

Signed Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City, M

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.