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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED OCT 1 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No.

Registrar's No.

29878

3842

WRITE PLAINLY—USE 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:
Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 2 days

3. (a) PRINT FULL NAME Mr Melvin M Miller

3. (b) If veteran, name war None

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 None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased September 8 1911
(Month) (Day) (Year)

8. AGE: Years 37 Months 0 Days 11 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Silas Marian Miller

13. Birthplace Santa Barbara California
(City, town, or county) (State or foreign country)

14. Maiden name Blanche Hardesty

15. Birthplace Shady Bend Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address Research Hosp.

17. (a) Removal (b) Date thereof Sept 20, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miltonvale Kansas

18. (a) Signature of funeral director R. A. Sutton

(b) Address 1319 North 18th K. C. Kansas

19. (a) 9-20-48 (b) Gerardine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Ottawa 997

(c) City or town Rural Miltonvale 6
(If outside city or town limits, write "RURAL")

(d) Street No. 9 miles west 4 miles south 2

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 19
year 48 hour 3 minute 35 A.M.

21. I hereby certify that I attended the deceased from 9-17
1948 to 9-19, 1948;

that I last saw him alive on 9-18-, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous meningitis Duration 1 month

Due to Diffuse military Tuberculosis 1 month

Due to _____

Other conditions (Include pregnancy within 3 months of death) 220

Major findings: Of operations Ventriculogram showed Dilated ventricles
Of autopsy The meningitis + Diffuse military tuberculosis

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature William P. Williams (M. D. or other) M.D.
Address 411 Alameda Kansas City, Mo. Date signed 9-19-48

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 M. M. Swisher
Licensed Embalmer No. 3505
P. O. Address N. C. K.

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.