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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36750

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 1187

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: 2534 Jackson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 59 years

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.: 2534 Jackson 8
(If rural, give location)
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: ANTON MILLER

3. (b) If veteran, name war: NO

3. (c) Social Security No.: NONE

4. Sex: male 0

5. Color or race: white

6. (a) Single, widowed, married, divorced: mar. 1

6. (b) Name of husband or wife: Theresia

6. (c) Age of husband or wife if alive: 81 years

7. Birth date of deceased: December (Month) 16 (Day) 1861 (Year)

8. AGE: Years ~~85~~ 86 Months 10 Days ~~16~~ 15 If less than one day: hr. min.

9. Birthplace: Koze g (City, town, or county) Austria (State or foreign country) 4

10. Usual occupation: Retired Farmer 1

11. Industry or business: Self

FATHER
12. Name: Unknown
13. Birthplace: Austria (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name: Unknown
15. Birthplace: Austria (City, town, or county) (State or foreign country) 4

16. (a) Informant: Jos C. Miller
(b) Address: 1501 Ash Independence Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 3 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Floral Hills

18. (a) Signature of funeral director: C.H.Blackman & Son, Inc.
(b) Address: 2825 Independence Blvd.

19. (a) 11-3-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1 year 1948 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb, 1946 to Nov 1, 1948 that I last saw him alive on Oct 31, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Uremic Coma. — Duration: 72 hrs

Due to: Benign Prostatic Hypertrophy.

Due to:

Other conditions (Include pregnancy within 3 months of death): 1 2 10

Major findings:
Of operations:
Of autopsy: None

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: Ralph Perry (M. D. or other) MD
Address: 4800 E 24 Date signed: 11-2-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Perry
4800 E. 24

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 .....

..... DLC of Jr ....., Registered Apprentice No. 274 ,

working under my personal supervision.

Signed O.K. McFarland

Licensed Embalmer No. 4397

P. O. Address Kansas City MO

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.