

FILED FEB 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1350  
Registrar's No. 162

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1-002

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION KANSAS CITY TUBERCULOSIS HOSP.		d. STREET ADDRESS (If rural, give location) 3124 FOREST AVENUE	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) PHILLIP c. (Last) MILLER			4. DATE OF DEATH (Month) (Day) (Year) 1-11-49		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH 3-3-1881		9. AGE (In years last birthday) 67		10. KIND OF BUSINESS OR INDUSTRY WESTERN STATES' DUSTRY AUTO CLUB.	
11. BIRTHPLACE (State or foreign country) NEW YORK CITY, N.Y.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME JOHN MILLER		13b. MOTHER'S MAIDEN NAME MARY MICHAOS		14. NAME OF HUSBAND OR WIFE JESSIE MILLER	
--------------------------------	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME ADDRESS KANSAS CITY TUBERCULOSIS HOSP. KANSAS CITY, MO.	
---	--	---------------------------	--	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  * This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Tuberculosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
--	--	---	--	--	--	----------------------------------	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
------------------------	--	----------------------------------	--	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? D	

22. I hereby certify that I attended the deceased from DECEMBER 19<sup>th</sup>, 1948, to JANUARY 11<sup>th</sup>, 1949, that I last saw the deceased alive on JANUARY 11<sup>th</sup>, 1949, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE George K. Landis (Degree or title) George K. Landis, M.D.		23b. ADDRESS K.C. J.C. Hoops.		23c. DATE SIGNED 1-11-49	
--	--	-------------------------------	--	--------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE JAN 20 1949		24c. NAME OF CEMETERY OR CREMATORY ELMHURST, ILLINOIS	
---	--	-----------------------	--	---	--

DATE REC'D BY LOCAL REG. 1-13-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Newcome's Sons 1401 BRUSH CREEK DR. KANSAS CITY, MO.	
----------------------------------	--	--	--	--	--

---

---

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Robert Ray

Licensed Embalmer No. 4182

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.