

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

 State File No. 12571  
1582

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City (1)</u>		c. LENGTH OF STAY (in this place) <u>2 Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>5624 Lydia</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>HARRI</u>	b. (Middle) <u>HENDRIX</u>	c. (Last) <u>MILLER</u>	Month <u>4</u>	Day <u>7</u>	Year <u>49</u>	M <input checked="" type="checkbox"/>	F <input type="checkbox"/>
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan. 23 1883</u>	
9. AGE (In years last birthday) <u>66</u>		10. KIND OF BUSINESS OR INDUSTRY <u>advertising</u>		11. BIRTHPLACE (State or foreign country) <u>Sweet Springs Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salaman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>advertising</u>		11. BIRTHPLACE (State or foreign country) <u>Sweet Springs Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Wm Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Jda. Wall</u>		14. NAME OF HUSBAND OR WIFE <u>Angie F. Miller</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u>yes W.W.I</u>		16. SOCIAL SECURITY NO. <u>487-18-3214</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Angie F. Miller 5624 Lydia</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Bladder</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) <u>181X</u>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Autopsy not obtained</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 5, 1949</u> , to <u>April 7, 1949</u> , that I last saw the deceased alive on <u>April 7, 1949</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>R. Lee Hoffman</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>1019 Professional Bldg</u>		23c. DATE SIGNED <u>April 8, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/9/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall Saline Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-9-49</u>		REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Carroll-Pardison 3024 Trout Av.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 24 1949

**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

*Julian A. Davidson*

Licensed Embalmer No. *1168*

P. O. Address.....

**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.**