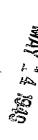
====================================	~ 40 40 40	THE DIVISION OF HE				1950	<u> </u>
HILEU AP	R 16 1949	STANDARD CERTIF	CATE OF DEA	TH S	ate File No		
BIRTH NO		REG. DIST. NO	PRIMARY REG. DIST.	MO. 1002_ R	egistrar's No.	~ 1 364	4
1. PLACE OF DE	ATH			NCE (Where decesses	d lived. If in	titution: residen	
a. COUNTY	Jackson		a. STATE Misso	uri b. (COUNTY J	ackson "	laninal //
	corporate limite, write	RURAL and give c. LENGTH OF STAY (in this place)	c. CITY (If outside corp	orate limits, write RURA	L and give town	nship)	7
TOWN Ka	nsas City	340	тойн Kansa	s City			<u> </u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		institution, give street address or location) Hospital No. 1	d. STREET ADDRESS	3 Forest	•	J	ø
3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	4. DATE	(Month)	(Day) (Y	(ear)
(Type or Print)	Samuel	A. A.	Miller	OF DEATH	3	24 191	19
5. SEX 0	S. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In last birthd	years IF UNDER	Days Hours	
MALE	WHITE	MARRIED	1JOLY 12 /	891 574		Days House	"
10a. USUAL OCCUPAT			11. BIRTHPLACE (State	or foreign country)		12. CITIZEN O	FWH
BARA		NOWE	MISSOU	? /		USA	
3a. FATHER'S NAM	E	136. MOTHER'S MAIDEN	NAME	14. NAME OF HUSE	6//	1 -	
WE KOY	MILLEI	R MIRANDA	HACKER	GLADYS	MLL	LER	
15. WAS DECEASED EN	/ER IN U.S. ARMED If you give war or date		7. INFORMANT	S SIGNATURE OR	NAME /	ADDR	ES:
VEJ	$M \cdot M +$	none	Mo Hary	" mille		.G. 11	W
18. CAUSE OF DEATH	. I DICEACE OD		CERTIFICATION /			INTERVAL BE	TWE
Enter only one cause per line for (a), (b), and (c)	DIRECTLY LEA	CONDITION DING TO DEATH*(a) Massi	<u>ve Gastrointe</u> s	stinal hemor	rhage		
	ANTECEDENT (CAUSES					
*This does not mean the mode of dying, such		H.	uptured esopha			_	
as heart fallure, asthenia		ns, if any, giving DUE TO (b)cause (a) stating ruse last.					
etc. It means the dis- ease, injury, or complica-	. 1	DUE TO (c) C	irrhosis of l	iver		_	
tion which caused death		IFICANT CONDITIONS	٠	Q10			
	related to the dis	ibuting to the death but not case or condition causing death.	<u>_</u>	07		<u> </u>	
19a. DATE OF OPERA	196. MAJOR FII	IDINGS OF OPERATION				20. AUTOPS	Y7 _
	`	-				YES X	NO L
21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR 1	rownship)	(COUNTY)	(STATI	Ē)
21d. TIME (Mont OF INJURY	h) (Day) (Year)	(Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21f. HOW DID INJURY	OCCUR7			
22 I herebu certifu	that I attended	the deceased from March]	8 1949 to Mar	ch 2h 1949	that I la	st saw the de	reas
alive on Ma		12, and that death occurred at					
23a. SIGNATURE	11	(Degree or title)	23b. ADDRESS			23c. DATE S	
Victor B. Buhlera	tiana lha	Phillips no De	24th and Ch	erry	•	3-24-	-119
24a, BURIAL, CREM THOM, REMOVAL (Speed	A- 24b, DATE	24c, NAME OF CEMETER	Y OR CREMATORY	24d. LOCATION (City,	town, or com	nty) (S	tate)
REMOVAL (Bred	" MAR 28	1949 MT ST MAI	RV .	KANSAS (ITY	Me)
DATE REC'D BY LOC		SIGNATURE	25 FUNERAL DIRECT	B SI GNATURE	A	DORESS	
3-25-09	6.01/2.	ldie Wolse.	Mrs G.L	- Insti	7. X	6.m	0,
<u> </u>	-	(Licensed Embalmer's	Statement on Reverse Side	1	 	-	_



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the r	everse side of this certificate was embalm	ed by me, or by
	Student Embalmer	No

working under my personal supervision.

Licensed Embalmer No. 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.