

FILED JUL 1 1950

STANDARD CERTIFICATE OF DEATH

State File No. 20355

2608

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>   |  |
| c. LENGTH OF STAY (In this place) <b>60 yrs.</b>  |  | d. STREET ADDRESS (If rural, give location) <b>2208A Brooklyn</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2208A Brooklyn</b>                                   |  |   |  |

|   |                               |   |  |   |   |
|---|-------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Ernest</b> b. (Middle) <b>Miller</b> c. (Last)         |                               |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>June 9, 1950</b> |   |   |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>Negro</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>April 23, 1877</b>                       | 9. AGE (In years last birthday) <b>73</b> | IF UNDER 1 YEAR Months Days             |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Houseman</b> |                               | 10b. KIND OF BUSINESS OR INDUSTRY                                     | 11. BIRTHPLACE (State or foreign country) <b>Missouri</b>    |   | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |

|   |  |  |
|---|--|--|
| 13a. FATHER'S NAME <b>Unknown</b>   | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b> | 14. NAME OF HUSBAND OR WIFE <b>Ruth Miller</b>                                     |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. <b>No</b>        | 17. INFORMANT'S SIGNATURE OR NAME <b>Ruth Miller</b> ADDRESS <b>2208A Brooklyn</b> |

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Insufficiency</b>                                     |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><b>H201</b> |
|   | ANTECEDENT CAUSES <b>Myocarditis</b>   |  |   |
|   | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Arteriosclerosis</b> |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing 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) 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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|  |                                 |                                 |
|--|---------------------------------|---------------------------------|
| 23a. SIGNATURE <b>Thos. A. Jones</b> (Degree or title) | 23b. ADDRESS <b>1612 E 13th</b> | 23c. DATE SIGNED <b>6/10/50</b> |
|--|---------------------------------|---------------------------------|

|   |                          |  |  |
|---|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>6/12/50</b> | 24c. NAME OF PLACE OF BURIAL OR CREMATORY <b>Highland Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b> |
|---|--------------------------|--|--|

|   |   |   |
|---|---|---|
| DATE REC'D BY LOCAL REG. <b>6-12-50</b> | REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins Bros.</b> ADDRESS <b>1729 Lydia</b> |
|---|---|---|

(Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*L. Jerome Maslowe*

Signed.....

Student Embalmer

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.