

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 2 1950

State File No. **27018**  
Registrar's No. **3476**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>3476</b>		
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). 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. LENGTH OF STAY (In this place) <b>22 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GENERAL HOSPITAL # 2</b>				d. STREET ADDRESS (If rural, give location) <b>2027 TROOST</b>				
3. NAME OF DECEASED (Type or Print) <b>DOROTHY</b>			a. (First)		b. (Middle)		c. (Last) <b>MILLER</b>	
4. DATE OF DEATH <b>AUGUST 11 1950</b>		(Month) (Day) (Year)		5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>NEGRO</b>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>8-25-1896</b>		9. AGE (In years last birthday) <b>53</b>		IF UNDER 1 YEAR Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>KANSAS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		
13a. FATHER'S NAME <b>GEREMAH MCLEAN</b>		13b. MOTHER'S MAIDEN NAME <b>HENRIETTA KINNEY</b>		14. NAME OF HUSBAND OR WIFE <b>LELLAND MILLER</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MR. LELLAND MILLER 2027 Troost</b>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>INTERSTITIAL CEREBRAL HEMORRHAGE</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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  <b>33 1/2</b>	
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?				
22. I hereby certify that I attended the deceased from <b>7-21-50</b> , 19 <b>50</b> , to <b>8-11</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>8-11</b> , 19 <b>50</b> , and that death occurred at <b>4:30P</b> m., from the causes and on the date stated above.								
23a. SIGNATURE OF REGISTRAR <b>Frank E. [Signature]</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>600 EAST 22nd</b>		23c. DATE SIGNED <b>8-14-50</b>		
24a. PORTAL CREMATION (REMOVAL) (Specify)		24b. DATE <b>8-14-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt Auburn</b>		24d. LOCATION (City, town, or county) (State) <b>Jopeshaw Kansas</b>		
DATE REC'D BY LOCAL REG. <b>8-14-50</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E. Sterling Bills 1212 1/2 mile</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.

Signed.....  
Student Embalmer

Signed

Student Embalmer No. ....

Licensed Embalmer No. 3178

P. O. Address 1212 me

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.