

FILED MAY 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1880

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1880

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 43 yrs		d. STREET ADDRESS (If rural, give location) 3317 E 24th St Terr.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 712 Washington			

3. NAME OF DECEASED (First) Boone (Middle) H. (Last) Miller		4. DATE OF DEATH (Month) (Day) (Year) 4 28 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 3 1907
9. AGE (In years last birthday) 43	10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Clerk RR	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Kansas City MO
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME David Miller	
13b. MOTHER'S MAIDEN NAME Lillie Boone		14. NAME OF HUSBAND OR WIFE Maxie Miller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) World War No 2		16. SOCIAL SECURITY NO. 702-12-1749	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lillie Boone 3317 E 24th St Jackson			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bullet Wound Head		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.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				89190 19	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 123		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Rooming House		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-28-51 3:00 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Accidentally shot in head	
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 Hugh H. Owens (Degree or title) Hugh H. Owens Coroner			23b. ADDRESS 1034 North Blvd		23c. DATE SIGNED 4-30-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-3-51		24c. NAME OF CEMETERY OR CREMATORY Mt Moriah Cemetery	
24d. LOCATION (City, town, or county) (State) Kansas City MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parasartano Bruno 1602nd			
DATE REC'D BY LOCAL REG. 5-1-51		REGISTRAR'S SIGNATURE Seraldine Holmes			

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

3

JUN 13 1951

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..... *Francis Walton*

Signed.....
Student Embalmer

Licensed Embalmer No. *2744*

P. O. Address *K. C. Md*

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.