

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24580**

FILED AUG 4 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3284

|   |  |   |  |
|---|--|---|--|
| 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>43 Yrs.</b>  |  | d. STREET ADDRESS (If rural, give location) <b>3910 Manheim Rd. 3648</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3910 Manheim Rd.</b>                                 |  |   |  |

|                                     |                          |                       |                         |  |
|-------------------------------------|--------------------------|-----------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>Mervin</b> | b. (Middle) <b>T.</b> | c. (Last) <b>Miller</b> | 4. DATE OF DEATH (Month) (Day) (Year) <b>July 18, 1952</b> |
|-------------------------------------|--------------------------|-----------------------|-------------------------|--|

|                    |                               |   |                                       |   |                        |                      |                      |
|--------------------|-------------------------------|---|---------------------------------------|---|------------------------|----------------------|----------------------|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>Dec. 11, 1870</b> | 9. AGE (In years last birthday) <b>81</b> | IF UNDER 1 YEAR Months | IF UNDER 1 HR. Hours | IF UNDER 1 MIN. Min. |
|--------------------|-------------------------------|---|---------------------------------------|---|------------------------|----------------------|----------------------|

|   |   |   |   |
|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Insurance Broker</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Sam'l Casey Co</b> | 11. BIRTHPLACE (State or foreign country) <b>Missouri</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b> |
|---|---|---|---|

|  |  |   |
|--|--|---|
| 13a. FATHER'S NAME <b>George W. Miller</b> | 13b. MOTHER'S MAIDEN NAME <b>Isabelle Thermond</b> | 14. NAME OF HUSBAND OR WIFE <b>Marie Miller</b> |
|--|--|---|

|   |                                   |  |                                 |
|---|-----------------------------------|--|---------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. <b>--</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Marie Miller</b> | ADDRESS <b>3910 Manheim Rd.</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |              | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <b>Cause Unknown</b>                                    |              |                                  |
|   | ANTECEDENT CAUSES<br><b>No medical attendance (Christian Science)</b><br>DUE TO (b) _____<br>DUE TO (c) _____ |              |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   | <b>795-5</b> |                                  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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 \_\_\_\_\_, 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>H.L. Dwyer, M.D.</b> (Degree or title) <b>Health Officer</b> | 23b. ADDRESS <b>City Hall, Kansas City, Mo.</b> | 23c. DATE SIGNED <b>7-21-52</b> |
|--|---|---------------------------------|

|   |                          |   |   |
|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>7/21/52</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Ceme.</b> | 24d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b> |
|---|--------------------------|---|---|

|   |   |   |   |
|---|---|---|---|
| DATE REC'D BY LOCAL REG. <b>7-21-52</b> | REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Earp &amp; Sons</b> | ADDRESS <b>4139 Truman Rd., K.C., Mo.</b> |
|---|---|---|---|

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

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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 *William F. Case* .....

Licensed Embalmer No. *4728* .....

P. G. Address *A. C. Mo.* .....

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.