.S. No. 300
ev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28188

State File No. 3494

FILED AUG 15 1952

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

1. PLACE OF DEATH
a. COUNTY: JACKSON 4
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 1½ Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DELORA REST HOME-622 BENTON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON 37 8
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): 4734 CLEVELAND

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): W,
c. (Last): MILLER

4. DATE OF DEATH (Month) (Day) (Year): 8 - 2 - 52

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: April 30, 1879
9. AGE (In years last birthday): 73
If under 1 year: Months ___ Days ___
If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT GENERAL STORE
10b. KIND OF BUSINESS OR INDUSTRY: ___
11. BIRTHPLACE (City and State or Foreign Country): URBANA, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: THOMAS MILLER
13b. MOTHER'S MAIDEN NAME: MARY JONES
14. NAME OF HUSBAND OR WIFE: AMBER MILLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): ___
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: MRS. AMBER MILLER - 4734 CLEVELAND

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy — Interval between onset and death: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Unknown
DUE TO (c) Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Unknown

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19a. DATE OF OPERATION: ___
19b. MAJOR FINDINGS OF OPERATION: ___
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ___

22. *I hereby certify that I attended the deceased from* July 1, 1952, *to* August 2, 1952, *that I last saw the deceased alive on* July 31, 1952, *and that death occurred at* 12 20 a m., *from the causes and on the date stated above.*

23a. SIGNATURE Harold A. Pallett (Degree or title): Harold A. Pallett M.D.
23b. ADDRESS: 1132 Prof. Blds, K.C. Mo
23c. DATE SIGNED: 8/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 8 - 2 - 52
24c. NAME OF CEMETERY OR CREMATORY: BOWERS CHAPEL CEMETERY
24d. LOCATION (City, town, or county) (State): URBANA, MISSOURI

DATE REC'D BY LOCAL REG.: 8-4-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: STINE & MC CLURE KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Harold Collett - Prof Bldg.

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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 Eugene L. Kennon

Licensed Embalmer No. 4673

P. O. Address Kansas City, 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.