S. No. 300
V. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28436

State File No. .....

FILED AUG 22 1952

BIRTH NO. ..... REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 317

1. PLACE OF DEATH
a. COUNTY JACKSON 048 3
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Blue, Township.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 71 Bypass Hiway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Kansas
b. COUNTY Wyandotte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City 8150 8
d. STREET ADDRESS (If rural, give location) 28 North Mill

3. NAME OF DECEASED (Type or Print)
a. (First) WARREN
b. (Middle) L.
c. (Last) MILLER

4. DATE OF DEATH (Month) (Day) (Year) Aug. 10, 1952

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH Dec. 17-1926
9. AGE (In years last birthday) 25 — IF UNDER 1 YEAR: Months 7, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Postal Transport. Service.
11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Howard Miller
13b. MOTHER'S MAIDEN NAME Mary Carroll
14. NAME OF HUSBAND OR WIFE Josephine Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 493-22-8248
17. INFORMANT'S SIGNATURE OR NAME Josephine Miller, 28 N. Mill, K.C. Kansas ADDRESS

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) Shock + Hemorrhage resulting from crushing injury of chest, fractured cervical vertebra, compound fractures of mandible and hoes legs
ANTECEDENT CAUSES DUE TO (b)
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 048
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Jackson (STATE) Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-10-52 5 A.00 m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Car struck bridge abutment

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 (Degree or title) Geo C Beachley M.D. Deputy coroner 3
23b. ADDRESS 4050 Broadway Kcmo
23c. DATE SIGNED 8-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE August 10, 52
24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery
24d. LOCATION (City, town, or county) (State) Kansas City, Kansas

DATE REC'D BY LOCAL REG. 8-10-52
REGISTRAR'S SIGNATURE James [signature] 3-54
25. FUNERAL DIRECTOR'S SIGNATURE Jos. A. Butler & Son's. K.C. Kansas ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 19 REC'D

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 Richard P. Francis

Licensed Embalmer No. 4163

P. O. Address Andover, 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.