

FILED OCT 25 1952

STANDARD CERTIFICATE OF DEATH

State File No. 35147

4379

BIRTH NO. 68976 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township OR TOWN Kansas City		c. LENGTH OF STAY (In this place) Life	c. CITY (If outside corporate limits, write RURAL and give township OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 3011 E. 10 St. 3188
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1.					
3. NAME OF DECEASED (Type or Print) a. (First) Donald		b. (Middle) Ray	c. (Last) Millard	4. DATE OF DEATH (Month) 10 (Day) 6 (Year) 52	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 6 1952		9. AGE (In years last birthday) 0
				# UNDER 1 YEAR Months 0	# UNDER 6 MOS. Days 0
					# UNDER 24 HRS. Hours 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William E. Millard		13b. MOTHER'S MAIDEN NAME Anna Mae Wright		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS William E Millard 3011 East 10 St K.C. Mo		

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			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity			ANTECEDENT CAUSES			
Asorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) _____			
			DUE TO (c) _____			7-16
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
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)		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 Oct. 6, 1952, to Oct. 6, 1952, that I last saw the deceased alive on Oct. 6, 1952, and that death occurred at 10:45 P.M., from the causes and on the date stated above.						
23a. SIGNATURE H. Straten MD				23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 10-7-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 8 1952	24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cem.		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 10-8-52		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs C.L. Forster 918 Brooklyn K.C. Mo.		

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Dean Owens

Licensed Embalmer No. 4280

P. O. Address K. 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.