

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **1443**
Registrar's No. **415**

BIRTH NO. **FILED FEB 11 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 3 YEARS		d. STREET ADDRESS (If rural, give location) 2800 Charlotte Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2800 Charlotte Street		115 2800 Charlotte Street	

3. NAME OF DECEASED (Type or Print) a. (First) Raymond b. (Middle) Miller c. (Last) Miller		4. DATE OF DEATH (Month) (Day) (Year) January 22, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 25, 1888
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED Carpenter	11. BIRTHPLACE (City and State or Foreign Country) Rome, Indiana
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Henry Willis Miller	13b. MOTHER'S MAIDEN NAME Anna Bell Boultinghouse	14. NAME OF HUSBAND OR WIFE Etta Miller
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. 565-05-0210	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Etta Miller - 2800 Charlotte Street Kansas City Mo.

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) myocardial failure		DUPLICATE OF (a) carcinoma of bladder		48 hrs.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (b) carcinoma of bladder		10 Mos.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE OF (c)		181X
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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Sept. 15, 1943**, to **Jan. 22, 1954**, that I last saw the deceased alive on **Jan. 21, 1954** and that death occurred at **10:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Eugene R. Young (Degree or title) D.O.	23b. ADDRESS 5500 Inwood, K.C. Mo.	23c. DATE SIGNED 1-22-54
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE JAN. 26, 1954	24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS
24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS D.W. Newcomer Sons Kansas City Mo.
DATE REC'D BY LOCAL REG. 1-26-54	REGISTRAR'S SIGNATURE Sheldine Smith	1331 BRIDGE STREET

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 _____

Rollie Kessel

Licensed Embalmer No. _____

4690

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.