

FILED MAR 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **4975**
858
Registrar's No. **7000**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 7000	
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) 1 day		c. CITY OR TOWN Kansas City		d. Is Residence within limits of City or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Veterans Administration Hospital				e. STREET ADDRESS (If rural, give location) 8729 Roberts			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) George c. (Last) Miller			4. DATE OF DEATH (Month) (Day) (Year) February 22, 1954				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH November 13, 1898	
9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver RETIRED		10b. KIND OF BUSINESS OR INDUSTRY Trucking		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Kansas	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME NICHOLAS MILLER		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Ina Miller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WORLD WAR I		16. SOCIAL SECURITY NO. 492-14-0309		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA Hospital Records, Kansas City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage ANTECEDENT CAUSES DUE TO (b) Jejunal ulcer DUE TO (c) Gastro-enterostomy (reason unknown) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of liver					INTERVAL BETWEEN ONSET AND DEATH 1 day unk 2 years unknown
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5420					
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) VA		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 February 21, 1954 , to February 22, 1954 , that I am a duly licensed physician, and that death occurred at 12:50 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE T. J. Bankin		(Degree or title) MD		23b. ADDRESS V.A. HOSPITAL KANSAS CITY MISSOURI		23c. DATE SIGNED FEB. 23, 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB. 24, 1954		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 2-24-54		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Newcomer Sons 1331 BRUSH CREEK KANSAS CITY, MO.			

(Licensed Embalmer's Statement of 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.....
Signature of Student Embalmer

Signed *Thelma 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.