

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>					
b. CITY OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>87 yrs.</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>909 EAST-39TH STREET</u>				e. STREET ADDRESS (If rural, give location) <u>105 909 EAST-39TH STREET</u>					
3. NAME OF DECEASED (Type or Print) <u>ELLSWORTH E. MILLER</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <u>MAY-14-1954</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JUNE-4-1863</u>	
9. AGE (In years last birthday) <u>90</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ROOFING CONTRACTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. SLATE TILE CO.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MOUNT PLEASANT, IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>BYRON T. MILLER</u>			13b. MOTHER'S MAIDEN NAME <u>WELLS</u>			14. NAME OF HUSBAND OR WIFE <u>MRS. SARAH T. MILLER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>WALTER H. MILLER</u>		ADDRESS <u>909 EAST-39TH ST. KANSAS CITY, MO.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Several Hemorrhages</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 Year</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				331 h	
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) (Min.)		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 <u>years</u> , 19 <u>14</u> , to <u>5/14</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>4/14</u> , 19 <u>54</u> , and that death occurred at <u>7:05 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>John O. Skinner</u> (Degree or title)				23b. ADDRESS <u>1402 Bryant Bldg</u>				23c. DATE SIGNED <u>5/14-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY-17-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>5-15-54</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>O.H. Newcomer Sons</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>			

(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.....
Signature of Student Embalmer

Signed..... *John B. Lewis*

Licensed Embalmer No. *487*

P. O. Address *KC, 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.