

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 902	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Doniphan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 15 Hrs.		c. CITY OR TOWN Moray		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 No. Methodist Hospital				e. STREET ADDRESS (If rural, give location) 815 E			
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Parker c. (Last) Miller			4. DATE OF DEATH (Month) (Day) (Year) Aug. 17 1955				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 9 1893	
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 MIN. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and State or Foreign Country) Moray, Kansas		12. CITIZEN OF WHAT COUNTRY? USA.
13a. FATHER'S NAME John Miller			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Grace Miller (deceased)		
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 Mrs. Pearle Brassfield Severance Ks. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Obstruction Biliary Duets Pass Cancer Liver DUE TO (b) 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 4 wks 4-6 mo's
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1561				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 4-27, 1955, to death, 1955, that I last saw the deceased live on Aug 16, 1955, and that death occurred at 12:40 AM, from the causes and on the date stated above.							
22a. SIGNATURE (Degree or title) Emerson S. Fisher M.D.				22b. ADDRESS Denton, Kansas		22c. DATE SIGNED 8/19/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/17/55		24c. NAME OF CEMETERY OR CREMATORY Moray Cemetery		24d. LOCATION (City, town, or county) (State) Moray Kansas	
DATE REC'D BY LOCAL REG. Aug 23, 1955		REGISTRAR'S SIGNATURE 485 Kathryn M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Vernon B. Libbette		ADDRESS Tray Kan	

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 *Charles M. Harms*.....

Licensed Embalmer No. *448*

P. O. Address *Wethers,*

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.