No. 300
10-48

FILED SEP 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29692

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3964

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
W. P. Miller

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 65 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 42 1206 West 29th Street 3428

3. NAME OF DECEASED (Type or Print)
a. (First): Ernest
b. (Middle): C.
c. (Last): Cruse

4. DATE OF DEATH (Month) (Day) (Year): Sept. 9, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 22, 1887
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Loco. Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (City and State or Foreign Country): Hewins, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: E.H.Cruse
13b. MOTHER'S MAIDEN NAME: Eleanor Bugher
14. NAME OF HUSBAND OR WIFE: Alice D. Cruse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): W. W. #1
16. SOCIAL SECURITY NO.: R.R.Retirement
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Alice D. Cruse-Wife-1206 W. 29th, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anemia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bleeding peptic ulcer
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Carcinoma of larynx with metastases — 5410H

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ~~Kansas City Jackson Mo~~
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/23, 19 54, *to* 9/9, 19 55, *that I last saw the deceased alive on* 9/9/, 19 55, *and that death occurred at* 8:25 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. P. Miller M.D.
23b. ADDRESS: 800 Argyle Bldg Kansas City Mo
23c. DATE SIGNED: 9/10/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9/12/55
24c. NAME OF CEMETERY OR CREMATORY: Maple Hill Cemetery
24d. LOCATION (City, town, or county) (State): Kansas City, Kansas

DATE REC'D BY LOCAL REG.: 9-10-55
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Quirk & Tobin-20 W. Linwood, K.C.Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

By Thomas A. Koehler, Student Embalmer No. 525

working under my personal supervision..

Student Thomas A. Koehler Signed Forrest D. Coldanow
Signature of Student Embalmer

Licensed Embalmer No. 4712

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.