

FILED OCT 19 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 33354

4097

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Leavenworth</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>2 days</b>	c. CITY OR TOWN <b>Leavenworth</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>THE Childrens Mercy Hosp.</b>			STREET ADDRESS (If rural, give location) <b>419 Cheyenne</b> \$15 8		
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>ELBERT</b> c. (Last) <b>M<sup>c</sup>Millon</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>9 19 55</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>negro.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>3-17-50</b>	9. AGE (In years last birthday) <b>5</b>	IF UNDER 1 YEAR Days <b>6</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Brooklyn Mississippi</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Charles M<sup>c</sup>Millon</b>		13b. MOTHER'S MAIDEN NAME <b>Josie Hall</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Charles M<sup>c</sup>Millon</b> ADDRESS <b>Leavenworth</b>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Brain Tumor, malignant</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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  <b>193X</b>
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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>9-17</b> , 19 <b>55</b> , to <b>9-19</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>9-19-55</b> , 19 <b>55</b> , and that death occurred at <b>3:05 pm.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Wayne Hart</b> (Degree or title) <sup>D</sup>			23b. ADDRESS <b>1710 Independence St.</b>		23c. DATE SIGNED <b>9-19-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>9/19/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Leavenworth Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Leavenworth, Kansas</b>		
DATE REC'D BY LOCAL REG. <b>9-20-55</b>	REGISTRAR'S SIGNATURE <b>Neva Minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>William Holmes</b> ADDRESS <b>Leavenworth, Kans.</b>		

(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 *Lewis H. Jackson*

Licensed Embalmer No. *483*

P. O. Address *X C M*

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.