

FILED OCT 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **33415**  
Registrar **4143**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar **4143**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) **Kansas City** c. LENGTH OF STAY (in this place) **Lifetime** c. CITY OR TOWN **Kansas City** d. Is Residence within limits of a city or incorporated town? Yes  No d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **7214 Wabash** 90 STREET ADDRESS (If rural, give location) **7214 Wabash** **3900**3. NAME OF DECEASED a. (First) **Frank** b. (Middle) **H.** c. (Last) **Miller** 4. DATE OF DEATH (Month) (Day) (Year) **Sept. 21, 1955**5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **May 30, 1888** 9. AGE (In years last birthday) **67** 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) **Fir eman** 10b. KIND OF BUSINESS OR INDUSTRY **K. C. F Dept.** 11. BIRTHPLACE (City and State or Foreign Country) **Kansas City Mo.** 12. CITIZEN OF WHAT COUNTRY? **U. S.**13a. FATHER'S NAME **Charles Miller** 13b. MOTHER'S MAIDEN NAME **Bessie** 14. NAME OF HUSBAND OR WIFE **Lola Hunter Miller**15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No.** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **491-20-5059** 17. INFORMANT'S SIGNATURE OR NAME **Lola Hunter Miller, Kansas City Mo** ADDRESS18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Carcinoma of esophagus** INTERVAL BETWEEN ONSET AND DEATH **6 mo**

\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 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. **Broncho-esophageal fistula** **1 mo**19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION **Biopsy - carcinoma of esophagus** 20. AUTOPSY? YES  NO 

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?22. I hereby certify that I attended the deceased from **9-7**, 19**55** to **9-21**, 19**55**, that I last saw the deceased alive on **9-14**, 19**55**, and that death occurred at **11:50 p.m.**, from the causes and on the date stated above.23a. SIGNATURE **J. S. Hoffman** (Degree or title) **M.D.** 23b. ADDRESS **330 Professional Bldg** 23c. DATE SIGNED **9-23-55**24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Sept 24, 1955** 24c. NAME OF CEMETERY OR CREMATORY **Mt. St. Mary** 24d. LOCATION (City, town, or county) (State) **Kansas City Mo.**DATE REC'D BY LOCAL REG. **9-24-55** REGISTRAR'S SIGNATURE **Neva Mural** 25. FUNERAL DIRECTOR'S SIGNATURE **Wagner Funeral Home** ADDRESS **Kansas City Mo.**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File 1:30 p.m.

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 *Alvin R. Hansen*.....

Licensed Embalmer No. *41*.....

P. O. Address *K. E. 20*.....

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