

57 MAR 9 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

5326  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. 3714 Virginia Ave. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 32 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Theodore Arnold Miller

(a) Residence, No. 3714 Virginia Ave. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Minnie Watts Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 31, 1878

7. AGE YEARS 60 MONTHS 5 DAYS 8 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman  
 9. Industry or business in which work was done, as saw mill, bank, etc. H. D. Lee  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

FATHER 13. NAME Jacob Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Mary Faltz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio

17. INFORMANT Mrs. Minnie Watts Miller  
 (ADDRESS) 3714 Virginia Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 2-9-39

19. FUNERAL DIRECTOR Freeman Mortuary  
 (ADDRESS) Kansas City Missouri

20. FILED 78 39 M. M. Brown  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7-39 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-27, 1938 to 2-7, 1939

I last saw him alive on Feb 6, 1939. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chronic Hypertension with  
Chronic Nephritis with  
Acute exacerbation.  
131

Date of onset 4 years ago  
10/27/38

Other contributory causes of importance: Uremia gradual onset

Name of operation no Date of no

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No. Date of injury no, 19no

Where did injury occur? None. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None.

Manner of injury None

Nature of injury None.

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify Wilson A. Myers, M. D.

(Signed) Wilson A. Myers (Address) Kansas City, Mo.

N. B.—Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC - 5 1946

STATEMENT BY LICENSED EMBALMER

I, Clarence W. Chiles, Licensed Embalmer No. 3473

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Clarence W. Chiles  
Licensed Embalmer No. 3473

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.)