

30 JUN 19 1939

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

18124
Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 85
 (b) Township Washington Primary Registration District No. 1001 Registered No. 580
 (c) City St. Joseph (d) Street No. Cancer Hospital No. 2, State Hosp. No. 2
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Miltick
 (a) Residence, No. Liberty Mo. St. Liberty Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (Pink)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-5-1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
64 1 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) (Pink) Austria 7

FATHER 13. NAME Mike Miltick 7
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (Pink) Austria 7

MOTHER 15. MAIDEN NAME Anna (Pink) 7
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (Pink) Austria

17. INFORMANT Cancer Hospital # 2
 (ADDRESS) State Hosp. No. 2

18. BURIAL, CREMATION OR REMOVAL PLACE Independence Mo. DATE June 9, 1939

19. FUNERAL DIRECTOR George C. Carson
 (ADDRESS) Independence Mo.

20. FILED June 6, 1939 H. J. Westphal
 Local Registrar. 85

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1939, to June 6, 1939
 I last saw him alive on May 20, 1939. Death is said to have occurred on the date stated above, at 10:10 a.m.
 The principal cause of death and related causes of importance were as follows:
Lympho blastoma of mediastinum
 Date of onset

Other contributory causes of importance: none H

Name of operation none Date of
 What test confirmed diagnosis Cytology Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19...
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify. (Signed) T. R. Howden, M. D.
H. J. Westphal (Address) St. Joseph, Mo.

N. B.—Every item of information should be carefully supplied. AGE 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.

I 212004

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)