

STANDARD CERTIFICATE OF DEATH

State File No. 6869

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1523 N. Lynn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1523 N. Lynn (If rural, give location)
(e) If foreign born, how long in U. S. A. ? 27 years

8. (a) PRINT FULL NAME John Sylvester Miracle

8. (b) If veteran, name war _____ 8. (c) Social Security No. None

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Mary Miracle 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 20 1844
(Month) (Day) (Year)

8. AGE: Years 95 Months 3 Days 29 If less than one day hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Unknown

13. Birthplace Mo. O
(City, town, or county) (State or foreign country)

14. Maiden name Grace

15. Birthplace Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant J. D. Ward
(b) Address 4500 Hawick

17. (a) burial (b) Date thereof 2/21/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn, Indep.

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia

19. (a) Feb 21-1940 (b) F. L. Cook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19 year 1940 hour 9 minute 50 A. M.

21. I hereby certify that I attended the deceased from Feb 18 (19) 1940, to Feb 29 1940 that I last saw him alive on Feb 16 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chorea Duration 3 or 4 months
Also Nephritis

Due to _____

Due to 1/21

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address 1523 N. Lynn Independence Mo Date signed 2-21-40

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

48
5
4

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Isaac Jerome Manlove

Licensed Embalmer No. *3229*

P.O. Address *1729 Lyda*

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 this body is not embalmed, above space should be left blank.