DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24240

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 2850

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 hour (Specify whether

In this community: 26 years (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.: 3119 Summit (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME: Evan Elias Miller 460

3. (b) If veteran, name war: no

3. (c) Social Security No. 510-03-9866

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Clara Ann Miller

6. (c) Age of husband or wife if alive: over 21 years

7. Birth date of deceased: April (Month) 2 (Day) 1900 (Year)

8. AGE: Years 40 | Months 3 | Days 13 | If less than one day ..... hr. ..... min.

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

10. Usual occupation: mechanic

11. Industry or business: railroad cars 4

FATHER
12. Name: John D. Miller
13. Birthplace: ..... (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name: Katherine Elias
15. Birthplace: ..... (City, town, or county) England (State or foreign country)

16. (a) Informant's own signature: Clara Miller

(b) Address: 3119 Summit, K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-17-40 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. St. Mary's

18. (a) Signature of funeral director: J F O'Donnell Co

(b) Address: 3256 Broadway, Kansas City Mo.

19. (a) July 16, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1940 10 hour 25 minute A M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw h..... alive on ..... 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Mased wound of the neck Hemorrhagic shock

Due to: 168

Due to: 168

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

Major findings: Of operations: ..... Of autopsy: See above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify): Suicide

(b) Date of occurrence: 7/15/40

(c) Where did injury occur: 3119 Summit K C Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? No (e) Means of injury: Razor

23. Signature: C. O. Tebb (M. D. or other)

Address: K C Mo Date signed: 7/15/40

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Paul G. Rowe

Licensed Embalmer No. 2347

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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