

APR 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9593
1002
Registrar's No.

Registration-District No. 399

Primary Registration District No. 1002

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:
3717 Euclid Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 50 Yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3717 Euclid Ave. 8
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1941 hour 6 minute A.M.
21. I hereby certify that I attended the deceased from Feb
1941 to March 10 1941
that I last saw him alive on March 9 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Chon. Hypo-stati Pneumonia Duration 3 weeks

Due to Hypertensive Cardio Vascula
Rethal Disease years

Due to 12/1

Other conditions
(Include pregnancy within 3 months of death) 12/1

Major findings:
Of operations.....
Of autopsy.....
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).....
(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) (b) Means of injury.....
23. Signature John M. Powers (M. D. or other) J.M.P.
Address 1322 1/2 E 27th Date signed 3/19/41

3. (a) PRINT FULL NAME Delbert C. Miller

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

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

6. (b) Name of husband or wife Alice Miller 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased. Dec. 12 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 2 27 hr. min.

9. Birthplace Bethel Co. / Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Retired School Teacher

11. Industry or business.....

12. Name Leonard Miller

13. Birthplace Unknown / Vermont
(City, town, or county) (State or foreign country)

14. Maiden name Betsy Pond

15. Birthplace Unknown / Michigan
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Miller

(b) Address 3717 Euclid Ave. bk.C.Mo.

17. (a) Burial (b) Date thereof 3-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shawnee K.C.K.

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood K.C.Mo.

19. (a) Mar 11, 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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

8
3
8

W. J. Stewart
A

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 Chas Wilks
Licensed Embalmer No. 2644
P. O. Address 1800 Junwood

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, fact should be so stated above.