

FILED MAY 28 1942

Registration District No.

Primary Registration District No.

1002

Registrar's No.

2001

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5-5-42-5-20-42
In this community 16 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. 2940 Summit
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME WASH MILLIGAN

3. (b) If veteran, name war. no 3. (c) Social Security No. none

4. Sex Male 2 5. Color or race Negro 2 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife. none 6. (c) Age of husband or wife if alive. _____ years

7. Birth date of deceased. December 17 1877
(Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Unemployed

11. Industry or business _____

12. Name Henry Milligan
13. Birthplace Texas
(City, town, or county) (State or foreign country)
14. Maiden name Sarah (unknown)
15. Birthplace Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof May 25, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Higland Cemetery N.C., Mo

18. (a) Signature of funeral director Fannie F. Meek
(b) Address 1708 E. 18th St., N. Co. Mo.

19. (a) 5-23-42 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1942 hour 8 minute 15 p.m.

21. I hereby certify that I attended the deceased from May 5 1942 to May 20 1942
that I last saw him alive on May 20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Prostatitis with Septicemia (generalized)
Duration _____

Due to _____
Due to 137B

Other conditions (Include pregnancy within 3 months of death)

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) Means of injury D

23. Signature [Signature] (M., D. or other) _____
Address Ch. Hosp. #2-6th E. 22 Date signed 5-22-42

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

40 used

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 Fannie L. Meek

Licensed Embalmer No. 3818

P. O. Address 1708 E. 18th St. N. C. Mo.

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.