

S. No. 2
 M-542
 v. 5-17-39
 P-1 X32873

32874

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED OCT 24 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
 Registrar's No. 3776

Registration District No. 149

Primary Registration District No. 1002

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

4868

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
 (c) Name of hospital or institution K.C. General Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital 21 days
 In this community 31 Years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (d) Street No. 3843 Michigan Avenue
 (e) Citizen of foreign country? No
 If yes, name country --

3. (a) PRINT FULL NAME James Garrison Miner
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 11th
 year 1942 hour 4 minute 02 A.M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Mrs. Mabel Barnes Miner
 6. (c) Age of husband or wife if alive 16 years
 7. Birth date of deceased December 16 1864
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-20-42 to 10-11-42
 that I last saw him alive on 10-11-42
 and that death occurred on the date and hour stated above.

8. AGE:
 Years 77 Months 9 Days 26
 If less than one day 5 hr. min.

Immediate cause of death Combined arteriosclerotic and diabetic gangrene right foot; beginning gangrene left foot.
 Due to Diabetes and arteriosclerosis

9. Birthplace Ohio
 (City, town, or county) (State or foreign country)
 10. Usual occupation Private Detective

Due to 61
 Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Retired
MOTHER FATHER
 12. Name Michael Miner
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown

Major findings:
 Of operations
 Of autopsy
PHYSICIAN
 Underline the cause to which death should be charged statistically.

15. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 16. (a) Informant Edward Miner
 (b) Address 3843 Michigan
 17. (a) Burial (b) Date thereof Oct. 13, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

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

(c) Place: burial Memorial Park Cemetery
 18. (a) Signature of funeral director W. H. Newcomer's Sons
 (b) Address 1401 Brush Creek Blvd.
 19. (a) 10-13-42 (b) M. H. Crowe
 (Date received local registrar) (Registrar's signature)

While at work (Specify type of place) Means of injury
 23. Signature James R. Thoon (M. D. or other)
 Address St. Dir. K.C. General Hospital Date signed

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.....

Emile M. Calhoun

Licensed Embalmer No:.....

3506

P. O. Address.....

KC 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.