

Registration District No. **149**

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:
General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Days**
(Specify whether
In this community **33 Years**
years, months or days)

3. (a) PRINT FULL NAME **William H. Miles**

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

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

6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **February 26, 1871**
(Month) (Day) (Year)

8. AGE: Years **74** Months **9** Days **20** If less than one day hr. min.

9. Birthplace **Milland Co. Texas**
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business

12. Name **Richmond Miles**

13. Birthplace **Franklin Co. La.**
(City, town, or county) (State or foreign country)

14. Maiden name **Emaline Brown**

15. Birthplace **Miss.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Medical Records Librarian**

(b) Address **General Hospital #2**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12-1-45**
(Month) (Day) (Year)

(c) Place: burial or cremation **Westlawn Cemetery K.C.**

18. (a) Signature of funeral director **John S. ...**

(b) Address **1819 E. 15th K.C. Mo.**

19. (a) **11-30-45** (Date received local registrar) (b) **Emaline Holmes** (Registrar's signature)

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. **621 W. 8th**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **26**
year **1945** hour **12** minute **00** P. M.

21. I hereby certify that I attended the deceased from **November 23, 1945**, to **November 26, 1945**; that I last saw him alive on **November 26, 1945**; and that death occurred on the date and hour stated above.

Immediate cause of death **Probable Cancer of Descending Colon**

Due to

Due to

Other conditions **Secondary Anemia**
(Include pregnancy within 3 months of death)

Major findings: **None**

Of operations **None**

Of autopsy **None**

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) (e) Means of injury

23. Signature **W. C. ...** (M. D. or other)

Address **General Hospital #2** Date signed: **11/27/45**

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

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.....



Licensed Embalmer No. 4383

P. O. Address 1819 E. 15th 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.