S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27839

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 3322

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DEECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 2432½ Jackson 8
(If rural, give location) 0
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country: x

3. (a) PRINT FULL NAME: Albert Roy Miller
3. (b) If veteran, name war: no.
3. (c) Social Security No.: 495-03-1054
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Mrs. Berneica Miller
6. (c) Age of husband or wife if alive: 51 years
7. Birth date of deceased: September (Month) 8 (Day) 1889 (Year)

8. AGE: Years 57 Months 10 Days ~~25~~ 24 If less than one day ____ hr. ____ min.

9. Birthplace: Kansas (City, town, or county) (State or foreign country)
10. Usual occupation: Electrician
11. Industry or business: x

MOTHER FATHER
12. Name: Joseph Miller, 9
13. Birthplace: unknown, (City, town, or county) (State or foreign country)
14. Maiden name: Alice Hayden
15. Birthplace: unknown, 9 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Berneica Miller,
(b) Address: 2432½ Jackson, Kansas City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery
18. (a) Signature of funeral director: Stine & McClure
(b) Address: 3235 Gillham Plaza, K. C., Mo.
19. (a) 8-5-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2 year 1947 hour 12:15 minute P. M.
21. I hereby certify that I attended the deceased from July 30, 1947, to Aug 2, 1947 that I last saw him alive on Aug 2, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocardial Failure	1 hour.
Due to: Post-Operative Shock	
Due to: Carcinoma of Rectum	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: Carcinoma
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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: E. W. Wilkinson (M. D. or other) M.D.
Address: 1332 Prof. Bldg Date signed 8/4/47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Montgomery

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 Robert H. Ross

Licensed Embalmer No. 3745

P. O. Address 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.