M—1/47
r. 5-17-39

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

National Office of Vital Statistics

FILED OCT 4 1947

STANDARD CERTIFICATE OF DEATH

State File No. 31340

Registration District No. 799 Primary Registration District No. 1002 Registrar's No. 4039

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. 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 mos. (Specify whether years, months or days) In this community about 18 years

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.: 204 W. 4 St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Walter P. Millar
3. (b) If veteran, name war: None
3. (c) Social Security No.: unknown
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Jan. (Month) 10 (Day) 1881 (Year)

8. AGE: Years 66 Months 8 Days 12 If less than one day hr. min.

9. Birthplace: Illinois (City, town, or county) (State or foreign country)
10. Usual occupation: Messenger
11. Industry or business: Western Union

FATHER
12. Name: James L. Millar
13. Birthplace: Scotland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Ida Prichard
15. Birthplace: Illinois (City, town, or county) (State or foreign country)

16. (a) Informant: Record Clerk
(b) Address: K. C. General Hosp. #1
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Chicago, Illinois
18. (a) Signature of funeral director: Weilert Funeral Home
(b) Address: Kansas City, Missouri
19. (a) 9-23-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22 year 1947 hour 3 minute 25 P.M.
21. I hereby certify that I attended the deceased from May 21, 1947 to Sept. 22, 1947 that I last saw him alive on Sept. 22, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: lymphosarcoma with generalized metastasis — Duration
Due to:
Due to: primary in right axilla
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 55 e
Of autopsy: See above

PHYSICIAN: Underline the cause of 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:

23. Signature: Wm W Hart (M. D. or other) MD
Address: Med. Dir. Gen'l Hosp. Date signed 9-23-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. Andrews

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 Blaine E. Weilert

Licensed Embalmer No. 4075

P. O. Address K.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.