S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41807

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 5490

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 days (Specify whether
In this community: 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48 3

(c) City or town: Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No.: 817 Oak 11
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: George A. MILES

3. (b) If veteran, name war: no

3. (c) Social Security No.: 350-09-4641

4. Sex: male

5. Color or race: white

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Angeline Miles

6. (c) Age of husband or wife if alive: 57 years

7. Birth date of deceased: March (Month) 1 (Day) 1890 (Year)

8. AGE: Years 57 Months 9 Days ~~21~~ 27 If less than one day ..... hr. ..... min.

9. Birthplace: Chicago, (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Elevator Operator

11. Industry or business: K. C. Power & Light Co.

FATHER
12. Name: ----- Miles
13. Birthplace: Wales (City, town, or county) England (State or foreign country) 4

MOTHER
14. Maiden name: Annie Bumbary
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant: Ray J. Miles
(b) Address: 3822 Central St., K.C., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 12-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Chicago, Illinois

18. (a) Signature of funeral director: Mallody-McGilley-Eylar
(b) Address: Kansas City, Missouri

19. (a) 12-29-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28 year 1947 hour 11 minute 6 A. M.

21. I hereby certify that I attended the deceased from Dec. 24, 1947 to Dec. 28, 1947; that I last saw him alive on Dec. 28, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of pancreas	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	4 10 8
Of autopsy: None	

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: 12-29-47

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

Dr. Allen

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 Donald M. Mallatt, Registered Apprentice No. 75, working under my personal supervision.

Signed Glen E. Heck

Licensed Embalmer No. 4063

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.