

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED FEB 7 1948

Registration District No. 1489

Primary Registration District No. 1002

Registrar's No. 406

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: St. Marys Hospital  
(If not in hospital or institution, write street-number or location)  
 (d) Length of stay: In hospital or institution 5 weeks  
(Specify whether years, months or days)  
 In this community 59 years

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Kansas (b) County Wyandotte  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 710 Tenny  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME John E. (Tom) Miller  
 (b) If veteran, name war No  
 (c) Social Security No. No

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan. day 28  
 year 1948 hour 12 minute 55PM. M.

4. Sex Male 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 (b) Name of husband or wife Annie E. (c) Age of husband or wife if alive 80 years  
 7. Birth date of deceased March 10 1860  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
87 10 18 hr. min.

Immediate cause of death: Broncho pneumonia, Right Duration 1 week

9. Birthplace Pittsfield Ill.  
(City, town, or county) (State or foreign country)

Due to Coronary Sclerosis

10. Usual occupation Retired blacksmith

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Missouri Pacific R.R.

MOTHER FATHER  
 12. Name Olander Miller  
 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Germany  
(City, town, or county) (State or foreign country)

Major findings: Of operations 93d  
 Of autopsy See Above

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature John E. Miller  
 (b) Address 710 Tenny Kansas

22. If death was due to external causes, fill in the following:

17. (a) burial (b) Date thereof 1-31-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

(c) Place: burial or cremation St. Hope Kansas City Ks.

(c) Where did injury occur? \_\_\_\_\_  
 (d) Did injury occur in or about home, in some industrial place, or in public place? \_\_\_\_\_

18. (a) Signature of funeral director Edie Bras  
 (b) Address 1416 Minnesota Kansas

(c) While at work? \_\_\_\_\_  
 (Specify type of place) \_\_\_\_\_  
 (Specify type of injury) \_\_\_\_\_

19. (a) 1-29-48 (b) Geraldine Holme  
(Date received local registrar) (Registrar's signature)

23. Signature A. E. Cooper (M. D. or other) \_\_\_\_\_  
 Address 2800 Main Date signed 1/29/48

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**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 O. H. Beckwith

Licensed Embalmer No. 3987

P. O. Address Kans City Kans.

**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, above space should be left blank.**