

S. No. 2
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-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 3 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 10

1460

Registration District No. 150 Primary Registration District No. 5572

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural Prairie Twp.
(c) Name of hospital or institution: Jackson County Home
(d) Length of stay: In hospital or institution 2 1/2 yrs
In this community 42 yrs

3. (a) PRINT FULL NAME Heril Miller
3. (b) If veteran, No
3. (c) Social Security No. No

4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced - P - 9
6. (b) Name of husband or wife - P -
6. (c) Age of husband or wife if alive years
7. Birth date of deceased - P - - P - 1857

8. AGE: Years 90 Months ? Days ? If less than one day hr. min.

9. Birthplace Unknown

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant Records Jackson Co. Home
(b) Address RR#4 Independence Mo
17. (a) Anatomical (b) Date thereof 1-23-48
(c) Place: burial or cremation KC College of Nat. Surg

18. (a) Signature of funeral director N.B. Longsford
(b) Address Lees Summit Mo
19. (a) JF 21 2 1948 (b) Donald C. Emshauer

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(d) Street No. 908 Washington St
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 21
year 1948 hour 1 minute 9 A.M.
21. I hereby certify that I attended the deceased from Jan 1 1948 to Jan 21 1948
that I last saw him alive on Jan 20 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: senility

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 102B
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury
23. Signature J.W. Sweeney (M. D. or other)
Address Leifur Reuel Date signed 1/24/48

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

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.....

W. B. Langford

Licensed Embalmer No.

3833

P. O. Address:

Lee's Summit

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.