

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23122
2853
Registrar's No. _____

FILED JUL 19 1948
Registration District No. 149

Primary Registration District No. 1002

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. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 DAYS
(Specify whether
In this community 25 YRS.
years, months or days)

3. (a) PRINT FULL NAME

SILAS JAMES MILLS

3. (b) If veteran,
name war No

3. (c) Social Security No.
Unk.

4. Sex MALE 2 | 5. Color or race NEGRO
6. (a) Single, widowed, married, divorced DIVORCED
3
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased OCTOBER 7, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 9 1 _____ hr. _____ min.

9. Birthplace DENVER COLORADO 1
(City, town, or county) (State or foreign country)

10. Usual occupation COOK

11. Industry or business _____

12. Name SILAS MILLS SR.
13. Birthplace UNKNOWN 4
(City, town, or county) (State or foreign country)

14. Maiden name REBECCA
15. Birthplace UNKNOWN 11
(City, town, or county) (State or foreign country)

16. (a) Informant JUANITA McLAMORE (DAUGHTER)
(b) Address 2408 MONTGALL
17. (a) Burial (b) Date thereof 7/10/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address 1729 Lydia Avenue
19. (a) 7-10-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 8
(If outside city or town limits, write "RURAL")
(d) Street No. 2408 MONTGALL
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 8,
year 1948 hour 8: minute 40 A.M.
21. I hereby certify that I attended the deceased from JUNE
27, 1948 to JULY 8, 1948
that I last saw him alive on JULY 8, 1948
and that death occurred on the date and hour stated above.
Immediate cause of death FAR ADVANCED PULMONARY Duration
TUBERCULOSIS

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy SAME AS ABOVE
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? _____

While at work _____ (Specify type of place)
(b) Means of injury _____
23. Signature [Signature] (M. D. or other)
Address GENERAL HOSPITAL NO. 2 Date signed 7/9/48

MOTHER FATHER

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.....
Licensed Embalmer No. 3994
P. O. Address 2503 W. High

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.