S. No. 300
Rev. 10.48

FILED FEB 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5038

State File No. 488

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 4312 Fairmount

3. NAME OF DECEASED (Type or Print)
a. (First): Francis
b. (Middle): J.
c. (Last): Miller, Sr.

4. DATE OF DEATH (Month): 2 (Day): 1 (Year): 49

5. SEX: Ma

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 17, 1879

9. AGE (In years last birthday): 69 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R.R. Switchman

10b. KIND OF BUSINESS OR INDUSTRY: Frisco R.R.

11. BIRTHPLACE (State or foreign country): Rock Island, Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Gottlieb Miller

13b. MOTHER'S MAIDEN NAME: Lena Schloegel

14. NAME OF HUSBAND OR WIFE: Mary E. Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): xx

16. SOCIAL SECURITY NO.: 702-03-6890

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Mary E. Miller, Kansas City, Mo
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory Failure, Acute — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Infarction — 12 days.
DUE TO (c) Fracture of Pelvis — 2 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Railroad Trauma — 35

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION (hit by door of passing freight train)

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.): R.R. Tracks

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kansas City Mo

21d. TIME OF INJURY (Month): 12 (Day): 19 (Year): 48 (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Hit by train door 123

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: A.E. Upsher — (Degree or title): A.E. Upsher MD
23b. ADDRESS: 2800 Main
23c. DATE SIGNED: 2/1/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 4-49
24c. NAME OF CEMETERY OR CREMATORY: Mt. St. Mary's
24d. LOCATION (City, town, or county): Kansas City (State): Mo.

DATE REC'D BY LOCAL REG.: 2-2-49
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: J M Wagner
ADDRESS: K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

..... Student Embalmer No. .....,

working under my personal supervision.

Signed Alvin R. Hauschild

Signed.....
Student Embalmer

Licensed Embalmer No. 4159

P. O. Address Kansas City M

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.