

THE DIVISION OF HEALTH OF MISSOURI  
FILED JUN 3 1949 STANDARD CERTIFICATE OF DEATH

State File No. 16273

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Prairie Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence	
c. LENGTH OF STAY (In this place) 5 days		d. STREET ADDRESS (If rural, give location) Pacific & Savage Sts.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Jackson County Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) H c. (Last) Miller			4. DATE OF DEATH (Month) (Day) (Year) May 9, 1949
5. SEX male <input checked="" type="radio"/>	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 6, 1878
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	11. BIRTHPLACE (State or foreign country) Platt Co. Missouri
10b. KIND OF BUSINESS OR INDUSTRY None		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Miller		13b. MOTHER'S MAIDEN NAME Unknown Smith	14. NAME OF HUSBAND OR WIFE Rachel Miller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Rachel Miller, Independence, Mo.
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) Cancer of face INTERVAL BETWEEN ONSET AND DEATH 1 yr. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2 May, 1949 to 9 Apr, 1949, that I last saw the deceased alive on 9 May, 1949, and that death occurred at 12:00 AM, from the causes and on the date stated above.			
23a. SIGNATURE Frank E. Truharna (Date of this)		23b. ADDRESS Independence, Mo.	23c. DATE SIGNED 5/12/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/12/49	24c. NAME OF CEMETERY OR CREMATORY Salem	24d. LOCATION (City, town, or county) (State) Jackson County, Missouri
DATE REC'D BY LOCAL REG. 5-9-49	REGISTRAR'S SIGNATURE Donald C. Emanuel	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. C. Carson, Independence, Mo.	

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

