

FILED JUN 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20278

State File No.

2493

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. _____

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 KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2		d. STREET ADDRESS (If rural, give location) 1807 Grove Street	

3328
330

3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) c. (Last) MILLER			4. DATE OF DEATH (Month) (Day) (Year) JUNE 6 1951		
5. SEX MALE 2	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH OCTOBER 7 1876	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) DES MOINES, IOWA /	
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME GEORGE MILLER		13b. MOTHER'S MAIDEN NAME ANNIE WILLIAMS	
14. NAME OF HUSBAND OR WIFE ESTELLA MILLER		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.		16. SOCIAL SECURITY NO. 493-12-8889	
17. INFORMANT'S SIGNATURE OR NAME ESTELLA MILLER		ADDRESS 1807 Grove Street			

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PERNICIOUS ANEMIA (CLINICAL) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death HYPERTROPHY & DILATATION OF HEART FATTY INFILTRATION OF HEART				290
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) (Min.)		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 6-1-, 1951, to 6-6-, 1951, that I last saw the deceased alive on 6-6-, 1951 and that death occurred at 3:02A m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank E. Ellis MD		(Degree or title)		23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 6-6-51	
24a. BURIAL, CREMATION (Specify)		24b. DATE 6-12-51		24c. NAME OF CEMETERY OR CREMATORY Lincoln		24d. LOCATION (City, town, or county) (State) Kansas City, Jackson, Mo.	

DATE REC'D BY LOCAL REG 6-11-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE H. B. MOORE		ADDRESS 17 C. MO	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

431014

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Lawrence P. Jones
.....

Licensed Embalmer No.....

Signed.....
Student Embalmer

P. O. Address.....
1820 East 18th

-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.