

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26342

State File No. 3048

FILED AUG 17 1955

BIRTH NO. 44492-53 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i>		b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Kansas City</i>		c. LENGTH OF STAY (in this place) <i>2 days</i>		c. CITY OR TOWN <i>Kansas City</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Mary's Hospital</i>		e. STREET ADDRESS (If rural, give location) <i>43 2922 Charlotte</i>		342 D	
3. NAME OF DECEASED (Type or Print) a. (First) <i>William</i>		b. (Middle) <i>Leland</i>		c. (Last) <i>Miller</i>	
4. DATE OF DEATH (Month) (Day) (Year) <i>July 15 1955</i>		5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Infant</i>		8. DATE OF BIRTH <i>July 13 1955</i>		9. AGE (In years if under 1 year last birthday) (Months) (Days) (Hours) (Min.) <i>2</i>	
10a. USUAL OCCUPATION (If he kind of work done during most of working life, even if retired) <i>Infant</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Infant</i>		11. BIRTH PLACE (City and State or Foreign Country) <i>Kansas City, Missouri</i>	
12. CITIZEN OF WHAT COUNTRY <i>USA</i>		13a. FATHER'S NAME <i>William Stanley Miller</i>		13b. MOTHER'S MAIDEN NAME <i>Emma Carter</i>	
14. NAME OF HUSBAND OR WIFE <i>None</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Wm. Stanley Miller</i>		18. ADDRESS <i>2922 Charlotte</i>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Prematurity</i>		II. OTHER SIGNIFICANT CONDITIONS <i>None</i>		INTERVAL BETWEEN ONSET AND DEATH <i>774 X</i>	
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)		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 <i>7-13</i> , 19 <i>55</i> to <i>7-15</i> , 19 <i>55</i> that I last saw the deceased alive on <i>7-13</i> , 19 <i>55</i> , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Leroy Goodman</i>		23b. ADDRESS <i>411 Nichols Rd</i>		23c. DATE SIGNED <i>7/16/55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>July 18 1955</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Forest Hill Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>Kansas City, Missouri</i>		DATE REC'D BY LOCAL REG. <i>7-17-55</i>		REGISTRAR'S SIGNATURE <i>Merv Mitchell</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Wilks Funeral Home</i>		ADDRESS <i>235 Linwood</i>			

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

4111 Nichols Road
Jr 4345

STATEMENT BY LICENSED EMBALMER

not

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was emb~~
by me, or by Not Embalmed..... Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chas E Weeks.....

Licensed Embalmer No. 26

P. O. Address H. E. M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.