

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

23520

State File No. ....

Registrar's No. 2711

Registration District No. 399

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: Research Hospital D  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 15 days  
 In this community 15 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME NELSON MILLER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mrs. Mary Miller 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Unknown (Month) (Day) (Year) 1860

8. AGE: Years 60 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Richmond, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Coal miner

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown 9  
 13. Birthplace Unknown (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown 9  
 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Miller  
 (b) Address Richmond, Missouri

17. (a) Removal (b) Date thereof July 16, 1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Missouri

18. (a) Signature of funeral director J. H. ...  
 (b) Address Richmond, Missouri

19. (a) 7-16-42 (b) M. M. Crowe  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89  
 (c) City or town Richmond 1  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 294 Jarvis St.  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16  
 year 1942 hour 12:05 minute 4 M.

21. I hereby certify that I attended the deceased from June 30, 1942  
 to July 16, 1942  
 that I last saw him alive on July 15  
 and that death occurred on the date and hour stated above.

Immediate cause of death Multiple abscesses of the lung  
 Duration \_\_\_\_\_

Due to retroperitoneal abscess

Due to 11/4/42

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: Of operations retroperitoneal abscess  
 Of autopsy same + multiple lung abscesses  
 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) (e) Means of injury \_\_\_\_\_  
 23. Signature J. H. ... (a. D. or other) \_\_\_\_\_  
 Address Richmond, Missouri Date signed Na 16/4

**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. 2073

P. O. Address Richmond mo

**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.**