. No. 2
—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 22 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24663

Registration District No. 2 97 Primary Registration District No. 3057 Registrar's No. 80

1. PLACE OF DEATH:
(a) County RAY
(b) City or town RICHMOND
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 735 E. LEXINGTON
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 3 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town ~~Kansas~~ RICHMOND
(If outside city or town limits, write "RURAL")
(d) Street No. 735 E LEXINGTON
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SAMUEL HARRY MILLER
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife IDA MILLER
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased AUGUST (Month) 5 (Day) 1890 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	11	3	hr. min.

9. Birthplace RUSSIA ~~LITHU~~ (City, town, or county) (State or foreign country)
10. Usual occupation MERCHANT
11. Industry or business

FATHER
12. Name JACOB MILLER
13. Birthplace RUSSIA (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ITTE
15. Birthplace RUSSIA (City, town, or county) (State or foreign country)

16. (a) Informant IDA MILLER
(b) Address 735 E. LEXINGTON
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-10-46 (Month) (Day) (Year)
(c) Place: burial or cremation SHEFFIELD
18. (a) Signature of funeral director J. P. LONIS FUNERAL HOME
(b) Address 3400 WOODLAND AVE. K.C.MO
19. (a) July 9-46 (Date received local registrar) (b) Mabel Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1946 hour 8 minute P M.
21. I hereby certify that I attended the deceased from July 8 - 1946 to July 8 - 1946
that I last saw him alive on July 7 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other conditions (include pregnancy within 3 months of death)	

Major findings:
Of operations NONE
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature E. E. Ray (M. D. or other)
Address R. Richmond Date signed 7-8-46

2-79 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-20-46

MAR 26 1947

MAR 1 1949

AUG 26 1946

MAR 22 1950

FEB 6 1947

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 B. A. Logan

Licensed Embalmer No. 3929

P. O. Address K C 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.