

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

38374  
 Do not use this space.

REC'D DEC 14 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399

(b) Township Law Primary Registration District No. 1002 Registered No. 4608

(c) City Kansas City (d) Street No. Children's Mercy Hospital St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Barbara Jo Miller

(a) Residence, No. 2225 Locust St.  St. Joseph, Mo.

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31 - 1933

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
5	5	28	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo.

FATHER

13. NAME Orville T. Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Topeka Kansas

MOTHER

15. MAIDEN NAME Katherine L. Hoffman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salina Kansas

17. INFORMANT (ADDRESS) Orville T. Miller 2925 Locust

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph Mo. DATE Nov. 28 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fleming & Son Inc. 1946 Colburn St. St. Joe Mo.

20. FILED Nov 28 1938 M. M. Grover Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 28 1938

22. I HEREBY CERTIFY, That I attended deceased from November 22, 1938, to November 28, 1938

I last saw her alive on November 28, 1938 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Brain tumor  
Malignant (Glioma)

Date of onset

Other contributory causes of importance:  
hypostatic pneumonia

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury, 19.....  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify

(Signed) N.B. Soderberg  
 (Address) 5017 Wyndolts

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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.....

P. O. Address.....

**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, above space should be left blank.**