

DEC 13 1938

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

38640
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan 2 Registration District No. 85
(b) Township St. Joseph 1 Primary Registration District No. 1001 Registered No. 1150
(c) City St. Joseph (d) Street No. 414 North 13th 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 8 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

460 Julia Ann Miller
(a) Residence, No. 414 North 13th, St. Joseph St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 15, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 11 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
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) Unknown 9
(STATE OR COUNTRY) Unknown

FATHER 13. NAME William H. Colley
14. BIRTHPLACE (CITY OR TOWN) Unknown 9
(STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) Unknown 9
(STATE OR COUNTRY) Unknown

17. INFORMANT Charles Miller
(ADDRESS) 414 N. 13th, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Wathwa Kans.
PLACE Cordonier Cemetery DATE 11/21/38

19. FUNERAL DIRECTOR (NAME) Walter Menckhoff
(ADDRESS) 1302 Farson, St. Joseph, Mo.

20. FILED Nov 19 1938 A. Stottlebusch
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18 1938

22. I HEREBY CERTIFY, That I attended deceased from 11.3 - 1936, to Nov 18 1938

I last saw her alive on Nov 16 1938. Death is said to have occurred on the date stated above, at 12:30p.

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

Uterine Cancer Date of onset
48

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Lab. Diag. Was there an autopsy? No

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? No
If so, specify
(Signed) Blanch B. Pennick D.O.
(Address) Logan Building

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

I X14028

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,

Wilbur Kelly.

or by *J. C. Anderson*

Registered Apprentice No., working under my personal supervision.

Signed

W. H. Kelly

Licensed Embalmer No. *Mo. 3946*

P. O. Address *St. Joseph, 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, above space should be left blank.