

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

1154
 Do not use this space.

REC'D FEB 20 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City K. C. Mo. (d) Street No. 3660 Summit St. 167
 (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

460 Mrs. Bessie (Elizabeth A.) Miller
 (a) Residence, No. 3660 Summit 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

MEDICAL CERTIFICATE OF DEATH

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 Charles F. Miller
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1854
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 8 10

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1939 to Jan 13, 1939
 I last saw her alive on Jan 13, 1939. Death is said to have occurred on the date stated above, at 3:30 m. pm
 The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 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.

Date of onset 1/9/39
Broncho Pneumonia
107a

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

Other contributory causes of importance: Senility, Obesity

FATHER 13. NAME Hugh Brennan 5

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 3

MOTHER 15. MAIDEN NAME Bridget Brennan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Frank H. Miller
1005 West 41st St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. St. Mary's DATE Jan. 16, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John W. Wagner
Kansas City, Mo.

20. FILED Jan 14, 1939 M. M. Brown
 Local Registrar.

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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 Cardiopath, M. D.
 (Signed) 3346 Summit
 (Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state whether disease or injury was primary.

ME 1703
3040 State St

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.