

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

9362
 Do not use this space.

REC'D APR 17 1939

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City, Mo. (d) Street No. Mercy Hospital Registered No. 968 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. days (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 460 Infant Miller - Linda Louise
 (a) Residence, No. 321 North White, K.C. Mo. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 2, 1939

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 6 hrs. or 6 min.

OCCUPATION 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) Kansas City
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Roy H. Miller
 14. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Josephine Krosel
 16. BIRTHPLACE (CITY OR TOWN) Kansas
 (STATE OR COUNTRY)

17. INFORMANT Roy H. Miller
 (ADDRESS) 321 N. White

18. BURIAL, CREMATION, OR REMOVAL PLACE Raymore, Missouri DATE Mar. 3, 1939

19. FUNERAL DIRECTOR (NAME) R. V. Lindsey & S.
 (ADDRESS) 3811 Broadway

20. FILED 3/3 1939 M. D. Brome
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1939, to March 3, 1939
 I last saw her alive on March 3, 1939. Death is said to have occurred on the date stated above, at 12:10 A.M.
 The principal cause of death and related causes of importance were as follows:
Premature 5 months gestation
159
 Date of onset

Other contributory causes of importance:

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? _____
 If so, specify _____
 (Signed) Dr. J. D. Melly M. D.
 (Address) 2748 Charlotte St.

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.

D. F. A. De Mello

2748 Chandler

12/15/12/30

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.