

REC'D JUL 10 1939

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

21103
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON 2 Registration District No. 391
 (b) Township RAW 1 Primary Registration District No. 1002 Registered No. 2371
 (c) City KANSAS CITY (d) Street No. 3711 WYANDOTTE 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 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

460 MRS. CLARA ELECTRA ^{LOWE} MILLER
 (a) Residence, No. 3711 WYANDOTTE 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 ROBERT BRUCE MILLER
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 8 - 1860
 7. AGE YEARS 79 MONTHS 2 DAYS 0 If LESS than 1 day, hrs. or min.
 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

12. BIRTHPLACE (CITY OR TOWN) INDEPENDENCE (STATE OR COUNTRY) MISSOURI

FATHER 13. NAME ABNER YANNON LOWE

14. BIRTHPLACE (CITY OR TOWN) VIRGINIA (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME ELIZABETH MITCHELL

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

17. INFORMANT MR. R. S. FINLEY (ADDRESS) TO PERA, KANSAS

18. BURIAL, CREMATION, OR REMOVAL PLACE CREMATION DATE JUNE 9, 1939

19. FUNERAL DIRECTOR (NAME) D. W. NEWCOMER'S SONS (ADDRESS) 1401 BRUSH CREEK BLVD

20. FILED June 8, 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE - 8 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1938, to June 7th, 1939. I last saw her alive on June 17th, 1939. Death is said to have occurred on the date stated above, at 4:00 A.M.
 The principal cause of death and related causes of importance were as follows:

Apnd, Gardies and Vascular Disease
131
 Date of onset History 3 yrs. ago.

Other contributory causes of importance: lung congestion
May 15, 39

Name of operation none Date of none
 What test confirmed diagnosis? age 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) D. J. J. Britten
 (Address) 100 1/2 Chamberlaine Bldg No 9779

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.

FORM 1 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,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed C. Harvey Quisenberry

Licensed Embalmer No. 4070

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, above space should be left blank.