

REC'D AUG 7 1939

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

24454

Do not use this space.

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. St. Mary's Hospital Registered No. 2667  
 (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** Mrs. Catherine T. Miller

(a) Residence, No. 5432 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 Stonewall W. Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 8, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 3 24

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) Millville  
 (STATE OR COUNTRY) Ray Co. Missouri

FATHER 13. NAME Dr. John H. Cramer

14. BIRTHPLACE (CITY OR TOWN) Baltimore,  
 (STATE OR COUNTRY) Md.

MOTHER 15. MAIDEN NAME Sarah Turner

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

17. INFORMANT Dr. E. Lee Miller  
 (ADDRESS) 5432 Wyandotte

18. BURIAL, CREMATION, OR REMOVAL PLACE Mandeville, Mo. DATE July 3, 1939

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

20. FILED July 3, 1939 M. M. Brown  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1939 to July 2, 1939  
 I last saw him alive on July 1, 1939 Death is said to have occurred on the date stated above, at 3:00 A. M.  
 The principal cause of death and related causes of importance were as follows:

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

Arteriosclerosis  
Nephro sclerosis  
Uremia 131 6/23, 39  
 Date of onset

Other contributory causes of importance:

Terminal Broncho  
pneumonia. 6/30, 39

Name of operation Date of  
 What test confirmed diagnosis? Was there an autopsy? 266

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? Y  
 If so, specify  
 (Signed) Robert M. Wagner M. D.  
 (Address) 736 Clegg

(Licensed Embalmer's Statement on Reverse Side)

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 X 16625

*[Handwritten signature]*

**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 *A R Hammerschild*

Licensed Embalmer No. *4062*

P. O. Address *204 W. Lincoln*

**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.**