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

24821
Do not use this space.

REC'D AUG 7 1939

Registration District No. 399 1002

Primary Registration District No.

Registered No. 3034

1. PLACE OF DEATH
(a) County Jackson
(b) Township Law
(c) City Kansas City, Missouri Street No. St. Joseph's Hospital 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 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
4-10-6

2. PRINT FULL NAME Ethel V. Miller
(a) Residence, No. 3003 East 25th. St. Kansas City, Missouri.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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: Corbett Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 29-1894

7. AGE: Years 44 | Months 11 | Days 27 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
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.: At Home
10. Date deceased last worked at this occupation (month and year): June-39
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brookfield Mo. 0

FATHER
13. NAME: James McCollum 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo. 1

MOTHER
15. MAIDEN NAME: Mattie Phillips
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lynchburg, West Virginia

17. INFORMANT: Mrs. Peggy Myers
(ADDRESS) 3003 E. 25th. Kc. Mo.

18. BURIAL, CREMATION, OR REMOVAL: PLACE Highland Park DATE July 29, 1939

19. FUNERAL DIRECTOR (NAME) Jos. A. Butler & Son
(ADDRESS) KC. K.

20. FILED July 28, 1939 M. M. Browne
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 21st, 1938 to July 26, 1939

I last saw h...er alive on July 26, 1939. Death is said to have occurred on the date stated above, at 6:20PM

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

| | Date of onset |
|---|---|
| Chronic Glomerular Nephritis | 1937 |
| 131 | |

Other contributory causes of importance:
arteriosclerosis

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

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) Paul V. O'Rourke, M. D.
(Address) 1402 Bryant Bldg

(Licensed Embalmer's Statement on Reverse Side)

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.

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

PT 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, .....

Ross Bell, or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed Ross Bell

Licensed Embalmer No. Mo. #3426

P. O. Address 753 Central Ave K C. K

**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.**