OCT 18 1939

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

31463
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson, 3 Registration District No. 399

(b) Township Kaw, 3 Primary Registration District No. 1002 Registered No. 3561

(c) City Kansas City, Mo. (d) Street No. 5234 Brooklyn, 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 460 Mrs. Gertrude Hobart Miller,

(a) Residence, No. Iola, Kansas. St.
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. E. Miller,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 1878.

7. AGE: YEARS 61 | MONTHS 2 | DAYS 16 | 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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas. 1

FATHER
13. NAME Lewis Hobart, 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, 9

MOTHER
15. MAIDEN NAME Bartley,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT (ADDRESS) Mr. Pickell, 5234 Brooklyn, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Iola, Kansas. DATE Sept 13, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stine & McClure, 3235 Gillham Plaza, K. C., Mo.

20. FILED Sept 14th, 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 11, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1939, to Sept. 9, 1939
I last saw her alive on Sept 9, 1939. Death is said to have occurred on the date stated above, at 6:30a m.
The principal cause of death and related causes of importance were as follows:

Cancer Breast. Date of onset Dont Know

18 Ca

18

Other contributory causes of importance:
Fract R arm 9-9-39

Name of operation none Date of
What test confirmed diagnosis? no tests Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury 9-9, 1939
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Fract arm at home
Manner of injury Fall in bath tub
Nature of injury Fract R arm

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) E. A. Albers, M. D.
(Address) 1125 Rialto K C Mo

(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.

50M-1-12-38 I X14028

Dr. Ed Albers.
Brakto Bedy
Va 5832

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.