

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42465

Registration District No. 399 Primary Registration District No. 1002

Registrar's No. 4874

399 JAN 13 1940

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community about 45 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2701 Linwood
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Clara Miller 460
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 24th
year 1939 hour 2 minute 45 A.M. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife William Miller 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-22- 1939, to 12-24-39, 19____; that I last saw her alive on 12-24-39, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death
Acute and chronic cardiac infarction

8. AGE: Years 76 Months _____ Days _____ If less than one day hr. _____ min. _____

Due to Chronic coronary sclerosis
Due to 94%

9. Birthplace New York City, New York
(City, town, or county) (State or foreign country)

Other conditions Acute pulmonary edema
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Alexander Smyth

PHYSICIAN
Major findings:
Of operations _____
Of autopsy See above
Underline the cause to which death should be charged statistically.

{ 13. Birthplace Aberdeen Scotland
(City, town, or county) (State or foreign country)

{ 14. Maiden name Sarah J. Urner

{ 15. Birthplace Unknown New York
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. J. Smyth
(b) Address 2512 Myrtle Avenue, K. C. Mo.

17. (a) Burial (b) Date thereof Dec. 26, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. St. Marys Cemetery.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn Avenue K. C. Mo.

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature R. J. De... M.D. (M. D. or other)
Address Supt. K. C. Gen. Hosp. Date signed 12-26-39

19. (a) Dec. 26, 1939 (b) M. J. A. Brown
(Date received local registrar) (Registrar's signature)

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.

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

Theron A. Redmon

Licensed Embalmer No. *2737*

P. O. Address *R. C. ...*

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.