

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **89**

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Krug Park
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 21 Years 1 Mo. 21 Days (Specify whether years, months or days)

FILED FEB 12 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 3003 Ashland
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME EDITH JANE MILLER **460**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. Dec. 3rd. 1918
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 1 22 hr. _____ min.

9. Birthplace St. Joseph Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Secretary

11. Industry or business Korns Electric Co.

12. Name N. B. Miller

13. Birthplace St. Joseph Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Edith Korns

15. Birthplace Denver Colorado
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Virginia Utermohlen

(b) Address 3003 Ashland St. Joseph, Mo.

17. (a) Burial (b) Date thereof Jan. 27th
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn

18. (a) Signature of funeral director FLEEMAN & SON, INC.

(b) Address 1916 Calhoun St. Joseph, Mo.

19. (a) Jan. 27, 1940 (b) A. J. Susselbach
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 25th year 1940 hour unknown minute _____ M.

21. I hereby certify that I attended the deceased from Jan 25 19 40 to _____ 19 _____

that I last saw h. ### and that death occurred on the date and hour stated above.

Immediate cause of death Homicide by fire arms

Due to _____

Due to _____

Other conditions: none
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence Jan 25th 1940

(c) Where did injury occur? St Joseph, Buchanan Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place

While at work? no (Specify type of place) (e) Means of injury gun shot

23. Signature B. W. Tacke (Name of other) Coroner
Address King Hill Bldg Date signed 1/27/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. G. Swan

Licensed Embalmer No. 4082

P. O. Address St. Joseph

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.