

No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAY 13 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13997

State File No. _____

Registrar's No. 1709

Registration District No. 399

Primary Registration District No. 1002

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 Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1/11/40 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Carrie S. Miller 460

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Dr. George W. Miller 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased January 18 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 4 If less than one day hr. min.

9. Birthplace Hubbersburg Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business --

12. Name Dr. Harry Strauss

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Ann Eubb

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

16. (a) Informant Louisa M. Donald

(b) Address Joplin Mo

17. (a) Burial (b) Date thereof April 22, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 1111 Joplin, Missouri

18. (a) Signature of funeral director O. N. Newcomer Senr

(b) Address 1401 Brush Creek Blvd.
4-22-1940
19. (a) M. M. Brown (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 111 Byers Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? -- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22nd
year 1940 hour 7 minute 23 A. M.

21. I hereby certify that I attended the deceased from Jan 10 1934 to April 22 1940
that I last saw her alive on April 22 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma metastatic to lung & neck
Due to Ca of left breast
Due to 50

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? _____
(Specify type of place)

While at work? _____ (e) Means of injury 1

23. Signature James O. Lee (M. D. or other) _____
*Address 1630 Prof Bldg. Date signed 4/22/40

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

MOTHER FATHER

1950, Charles Fleming - 4
They are Fleming - 4

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 Kenneth Page Sipe
Licensed Embalmer No. 4128
P. O. Address 1309 Bush Creek K.C. Mo

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.