

REGISTRATION DISTRICT NO. **SEP 5 1940 399**

1002

Registrar's No. **3341**

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: **Gen. Hosp. KC. Mo.**
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution **7 hrs.**
(Specify whether
In this community **all life**
years, months or days) **Virginia Miller**

8. (a) PRINT FULL NAME **Virginia Miller**

8. (b) If veteran, name war _____ 8. (c) Social Security No. **None**

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 **July, 27, 1862.**
(Month) (Day) (Year)

8. AGE: Years **78** Months **0** Days **25** If less than one day _____ hr. _____ min.

9. Birthplace **Liberty, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Keeper**

MOTHER FATHER 11. Industry or business

12. Name **David S. Miller**

13. Birthplace **Kennett, Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Cordelia Arthur**

15. Birthplace **Liberty, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **From Family Records**

(b) Address **City**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Aug 28 '40**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Washington**

18. (a) Signature of funeral director **Suddarth**

(b) Address **6900 Broadway, KC. Mo.**

19. (a) **Aug. 24, 1940** (Date received local registrar) (b) **M.M. Crew** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3701 South Benton**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug**, day **21**, 19**40**.
year _____ minute _____ M.

21. I hereby certify that I attended the deceased from **11:45 P.M.**
_____, 19____, to _____, 19____;

that I last saw the deceased _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Pneumonia

Due to **Fracture of tibia & fibula (traumatic)**

Due to **Injury by fall**

Other conditions **186**
(Include pregnancy within 3 months of death)

Major findings: **186**
Of operations _____

Of autopsy _____

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

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

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

(b) Date of occurrence _____

(c) Where and how injury occurred _____ (City or town) (County) (State)

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

While at work _____ (Specify type of place) _____ (Specify means of injury) **5**

23. Signature **Walter H. Hubler** (M. D. or other) _____

Address **K.C. Mo.** Date signed _____

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.....

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.