

2-40
39
23193

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2437 Troost
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 yrs
(Specify whether years, months or days)

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. 2437 Troost
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Earline Miller

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22
year 1940 hour 9 minute 20 M.

4. Sex Femal 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ross Miller

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased June 18 1919
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that he/she was alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration _____

8. AGE: Years Months Days If less than one day

21	3	4	hr. _____ min.
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Acute pulmonary edema & congestion

Due to Acute cardiac dilatation

Due to (Cause unknown - pending)

Other conditions uremia
(Include pregnancy within 3 months of death)

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name Perry Huddelston

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

14. Maiden name EVA

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

Major Double ovum twin pregnancy

Of autopsy 3 1/2 mo

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

16. (a) Informant Ross Miller

(b) Address 2437 Troost

17. (a) Burial (b) Date thereof Sept 24 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Mrs. E.L. Forster

(b) Address 918 Brooklwn.

19. (a) 9-23-40 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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

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

(b) Date of occurrence Do not know

(c) Where did it occur? _____
(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) (a) Means of injury

23. Signature Victor H. Baker (M. D. or other) _____

Address H. E. 1100 Date signed _____

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

200A

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 *Donald C. Browning*

Licensed Embalmer No. *2724*

P. O. Address *K. C. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

The pregnancy was
discovered in autopsy

did not deliver.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 311387

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3701

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town K.C.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community _____ (Specify whether)
 years, months or days)

3. (a) PRINT FULL NAME Earline Miller

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE:	Years	Months	Days	If less than one year
	<u>21</u>	<u>8</u>	<u>4</u>	_____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) 9/23/40 (b) M. M. Brown (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Pulmonary Edema + Congestion

Due to: Acute Cardiac dilatation

Other conditions: None known pending investigation

(Include pregnancy within 3 months of death)

Major findings: Double Brown Iron Pigment

Of autopsy: _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external cause, fill in the following:
 (a) Accident, suicide, or homicide (specify) None
 (b) Date of occurrence not
 (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? _____

While at work? _____ (Specify type of place) _____ (c) Means of injury _____

23. Signature _____ (M. D. or other) _____
 Address _____ Date signed _____

SUPPLEMENTARY