

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

JAN 8 1941
Registration District No. 699

State File No. _____
Registrar's No. 4992

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: 1727 $\frac{1}{2}$ Brooklyn 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 54 years (Specify whether years, months or days)
In this community 54 years

3. (a) PRINT FULLNAME Ida Mae Miller
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Fe 5. Color or race Col 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ray C. Miller 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased November 26, 1882
(Month) (Day) (Year)

8. AGE: Years 58 Months 1 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Valley Falls Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Laundress 9

11. Industry or business Private Home

12. Name Henry Harris 1

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

14. Maiden name Maggie

15. Birthplace Valley Falls Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Ray C. Miller

(b) Address 1727 $\frac{1}{2}$ Brooklyn

17. (a) burial (b) Date thereof 12/31/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Nathan Bros.

(b) Address 1729 Lydia

19. (a) 12-30-40 (b) M. M. Brown
(Date received local registrar) (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. 1727 $\frac{1}{2}$ Brooklyn
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 Day 28 Year 1940
hour _____ minute 15 M.

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

Immediate cause of death _____
Due to Paul Harvey Elder
Due to Chronic Pulmonary Disease
Other conditions Congestive Sclerosis
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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 injury) _____
While at work _____ (e) Means of injury 5
23. Signature Paul Harvey Elder (M. D. or other) _____
Address _____ Date signed _____

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

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..... *Isaac Jerome Mantore*

Licensed Embalmer No. *3994*

P. O. Address *1120 E 23rd*

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.