

FEB 18 1941
2813

Registration District No. **399** Primary Registration District No. **1002**

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

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 St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week
(Specify whether years, months or days)

In this community 58 Years

3. (a) PRINT FULL NAME Miss Millie L. Toelle

3. (b) If veteran, name war None

3. (c) Social Security No 495-07-522

4. Sex Female race White

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 April 15 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>8</u>	<u>22</u>	<u>hr. min.</u>

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

10. Usual occupation Seamstress

11. Industry or business Wolf Brothers

12. Name John L. Toelle

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

14. Maiden name Catherine Paul

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

16. (a) Informant Louise J. Hunt

(b) Address 3845 Chestnut Avenue

17. (a) Burial (b) Date thereof Jan 8 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd

19. (a) Jan 7 1941 (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. 1905 Hardesty Avenue
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7th
year 1941 hour 5 minute 25 A. M.

21. I hereby certify that I attended the deceased from Jan 4, 1940, to Jan 7, 1941; that I last saw her alive on Jan 6, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lung

Due to Carcinoma of Breast (Primary)

Due to 50

Other conditions Carcinoma of all the bones & organs of body
(Include pregnancy within 3 months of death)

Major findings: no op

Of operations no op

Of autopsy Yes

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? _____

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

23. Signature J. H. Owens (M. D. or other) _____
Address 1034 Raleigh Bldg N.P. Mo Date signed 12-7-41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1034
12-5
Matters Day

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 Emile M. Calhoun
Licensed Embalmer No. 3506
P. O. Address TC 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, fact should be so stated above.