

No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **5710**
Registrar's No. **482**

RECEIVED MAR 14 1941
Registration District No. **1002**

Primary Registration District No. **1002**

Registrar's No. **482**

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

48
3
8

1. PLACE OF DEATH: **Jackson**
(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: **K.C. General Hospital No. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 days**
In this community **54 years**
years, months or days

3. (a) PRINT FULL NAME **Warren Mills**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **496-10-6137**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**

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

7. Birth date of deceased **Sept 17 1882**
(Month) (Day) (Year)

8. AGE: Years **56** Months **4** Days **13** If less than one day hr. _____ min. _____

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

10. Usual occupation **street car operator, retired**

11. Industry or business **K.C. Street Railways**

12. Name **William T. Mills**

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

14. Maiden name **Annie B. Wilson**

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

16. (a) Informant **Wm. W. Mills**
(b) Address **1829 E-81st**

17. (a) **Burial** (b) Date thereof **2/1/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **West Hill Cem**
18. (a) Signature of funeral director **George C. Carson**
(b) Address **Independence Mo**

19. (a) **2-2-41** (b) **M. M. Orswe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **48**
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2405 East 37th St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan.** day **30th**
year **1941** hour **4** minute **40 A.** M.

21. I hereby certify that I attended the deceased from **Jan. 24th 1941** to **Jan. 30th 1941**; that I last saw him alive on **Jan. 30th, 1941** and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive heart disease with Nephritis - med. N.M.D.**

Due to **93 H**
Due to _____

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

Major findings: Of operations _____
Of autopsy **None**

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 **0**

23. Signature **Dr. R. P. Shaw** (M. D. or other)
Med. Dir., K.C. Gen. Hospital, K.C. Mo.
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 *Franklin B. B. B.*
Licensed Embalmer No. *2467*
P. O. Address *Independence, 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.