

APR 15 1941

Registration District No. 299

Primary Registration District No. 1002

48
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8
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:
2239 Poplar Ave.
(If not in hospital or institution, write street number or location).

(d) Length of stay: In hospital or institution --- (Specify whether
In this community 25 Years
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. 2239 Poplar
(If rural, give location)

(e) If foreign born, how long in U. S. A.? -- 0 years.

3. (a) PRINT FULL NAME Mrs. Ioma Mack Miller

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd
year 1941 hour 3 minute 00 A.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Mr. Samuel E. Miller

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased June (Month) 13 (Day) 1888 (Year)

21. I hereby certify that I attended the deceased from Sept. 12
1938, to March 3, 1941,
that I last saw her alive on Feb. 28, 1941,
and that death occurred on the date and hour stated above.

8. AGE: Years 57 Months 8 Days 20 If less than one day
hr. _____ min. _____

Immediate cause of death
Cerebral thrombosis
Left hemiplegia

Due to Cerebral sclerosis
Arterial hypertension et cetera.

Other conditions (Include pregnancy within 3 months of death)
0 2 15

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

10. Usual occupation At Home

11. Industry or business Housewife

MOTHER FATHER { 12. Name James Madison Harbin

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

14. Maiden name Belle B. Thomas

15. Birthplace Berry County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest J. Miller

(b) Address 2600 Spruce ave.

17. (a) Burial (b) Date thereof Mar. 3, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park-Joplin, Mo.

18. (a) Signature of funeral director A. H. Newsome's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 3/3/41 (b) M. M. Brown
(Date of 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 _____

(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? _____

Major findings: Of operations none 0 3 15

Of autopsy none

23. Signature [Signature] (M. D. or other) [Signature]

Address 800 Argyle Bldg Date signed 3/3/41

Duration
2 yrs
2 yrs

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

*H. Mays Hospital
8.30.94*

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 *George M. Collier*

Licensed Embalmer No. *3839*

P. O. Address *H. C. 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.