No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24292

Registration District No. 379 Primary Registration District No. 1002 Registrar's No. 2831

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: 4933 Baltimore (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 30 Years / years, months or days)

2. USUAL RESIDENCE OF DECEASED: 048

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 6

(d) Street No. 4933 Baltimore (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Faunze Miller

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Fred W. Miller

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Jan. 9 1880 (Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days 16 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Wm Raney
13. Birthplace ..... (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Maria Jackson
15. Birthplace ..... (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Fred W. Miller

(b) Address 4933 Baltimore

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/41 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

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

(b) Address 918 Brooklyn

19. (a) 7-28-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1941 hour 4 minute P M.

21. I hereby certify that I attended the deceased from July 23rd, 1941, to July 25, 1941, that I last saw her alive on July 25th 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to 3 days

Due to

Other conditions (Include pregnancy within 3 months of death) 83W

Major findings: Of operations none

Of autopsy none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 place)

While at work? (e) Means of injury

23. Signature Leroy Lilly M.D. (M. D. or other)

Address 807 Cargyle Bldg K.C. Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

2:p.M.

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 Gerald F. Wade

Licensed Embalmer No. 4172

P. O. Address K.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.