

No. 2  
-1-4-41  
5-17-39  
I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37296

State File No. ....

Registrar's No. **4090**

**DEC 22 1941**  
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:  
**2900 Prospect,**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  **all her life,** (Specify whether  
In this community **all her life,** 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. **2900 Prospect,** (If rural, give location)  
(e) Citizen of foreign country?  (Yes or No)  
If yes, name country **X**

**3. (a) PRINT FULL NAME** **Mrs. Shirley DeBow Miller,**  
3. (b) If veteran, name war  3. (c) Social Security No.

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **November,** day **1st,**  
year **1941,** hour **7:00** minute **A. M.**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married,**  
6. (b) Name of husband or wife **A. E. Miller,** 6. (c) Age of husband or wife if alive **(?)** years  
7. Birth date of deceased **June 1st (1883?)**  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from**  
**June 7, 1941, to Nov 1, 1941**  
that last saw her alive on **Nov 1, 1941**  
and that death occurred on the date and hour stated above.

**8. AGE:** Years **about 58** Months **5** Days **hr. min.** If less than one day  
**9. Birthplace** **Missouri,** (City, town, or county) (State or foreign country)  
**10. Usual occupation** **at home,**

Immediate cause of death **Carcinoma of the uterus with metastasis**  
Due to **48B**  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

**MOTHER FATHER**  
11. Industry or business   
12. Name **Axtell,**  
13. Birthplace **Pennsylvania,** (City, town, or county) (State or foreign country)  
14. Maiden name **Taylor,**  
15. Birthplace **Unknown,** (City, town, or county) (State or foreign country)

**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

**16. (a) Informant** **A. E. Miller,**  
(b) Address **2900 Prospect, Kansas City, Mo.**  
**17. (a) Burial** (Burial, cremation, or removal) (b) Date thereof **11- -41** (Month) (Day) (Year)  
(c) Place: burial or cremation **Mt. Moriah Cemetery,**  
**18. (a) Signature of funeral director** **Stine & McClure,**  
(b) Address **3235 Gillham Plaza, Kansas City, Mo.**  
**19. (a) 11-3-41** (Date received local registrar) (b) **M. M. Crowe** (Registrar's signature)

**23. Signature** **Dr. F. H. ...**  
Address **Independence, Mo** Date signed **11/2/41**

Dr. Andrews,

will be by Sumo.

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.....

*Willis H. Bennett*

Registered Apprentice No. *282*

working under my personal supervision.

Signed.....

*W. H. Bennett*

Licensed Embalmer No. *1415*

P. O. Address..... *W. P. 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.