

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37520

State File No.

DEC 22 1941 3 99

Registration District No.

Primary Registration District No. 1002

Registrar's No. 4315

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1808 Jefferson Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

3. (a) PRINT FULL NAME Nora Agnes 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 James R. Miller 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased August 28th, 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 2 22 hr. min.

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

10. Usual occupation House Wife

11. Industry or business

MOTHER FATHER { 12. Name Thomas Martin Whalen
13. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant James R. Miller
(b) Address 1808 Jefferson Ave.

17. (a) Burial (b) Date thereof 11/22/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lees Summit Missouri

18. (a) Signature of funeral director Melody-McGilley.

(b) Address K. C. Mo.

19. (a) 11-21-41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20th
year 1941 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from 11-18 1941 to 11-20 1941;
that I last saw her alive on 11-19 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obst Duration 3 days

Due to Congenital defect in
meconium

Due to 157M

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

Major findings: Intest. obst. Of operations Intest. obst.

Of autopsy Intest. obst. 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?

While at work (Specify type of place) (e) Means of injury Intest. obst.

23. Signature Plaza Med Bldg (M. D. or other) Date signed 11-21-41

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

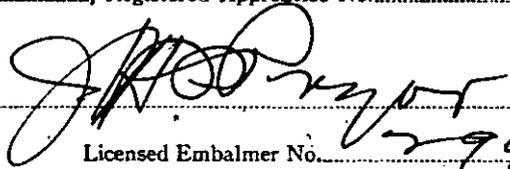
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 267

....., Registered Apprentice No.
working under my personal supervision.

Signed 

Licensed Embalmer No. 2999

P. O. Address

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, above space should be left blank.