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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40936

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4614

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 St. Joseph Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days 0 (Specify whether years, months or days)
In this community 1 Month 19 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Oklahoma (b) County Oklahoma 999
(c) City or town Oklahoma City (If outside city or town limits, write "RURAL")
(d) Street No. 1501 N. W. 21st Street (If rural, give location)
(e) If foreign born, how long in U. S. A.? ------2 years.

3. (a) PRINT FULL NAME Mrs. Addie Roslie Miller
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mr. W. Lee Miller
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased April (Month) 17 (Day) 1874 (Year)

8. AGE: Years 67 Months 7 Days 25 If less than one day hr. min.

9. Birthplace Charlestown (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ------
FATHER
12. Name Louis Matthews
13. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant X Mrs. W. C. Higdon
(b) Address 3726 Askew Kansas Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 12, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Oklahoma City, Oklahoma
18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) Dec. 12, 41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12th year 1941 hour 1 minute 23 A. M.
21. I hereby certify that I attended the deceased from 11/17/41, 19__, to Dec 12, 1941, that I last saw her alive on Dec 11, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Ascending pyelitis c̄ myocardial failure
Due to old cystitis & pyelitis
Due to Procidentia
Other conditions (Include pregnancy within 3 months of death) 133a

Duration

Major findings:
Of operations Procidentia
senile uterus
Of autopsy no

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 0
23. Signature R. Clopping (M. D. ~~or other~~)
Address 1103 Grand Date signed 12/12/41

(Licensed Embalmer's Statement on Reverse Side)

1324 Professional Bldg
1:30

Miller

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 C. Hervey Quisenber

Licensed Embalmer No. 4070

P. O. Address KC Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.