

U. S. No. 2  
DM-9-4-41  
Rev. 5-17-39  
I. X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

9774

FILED APR 1 1942  
Registration District No. 299

Primary Registration District No. 1002

State File No. ....

Registrar's No. 1093

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: General Hospital No. 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12-26-41-3-5-42  
(Specify whether years, months or days)

In this community 51 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

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

(d) Street No. 1115 Campbell  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country D

3. (a) PRINT FULL NAME BLANCHE MILLS

3. (b) If veteran, name war. .... 3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced. Widow

6. (b) Name of husband or wife John Mills 6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased March 22 1890  
(Month) (Day) (Year)

8. AGE: Years 51 Months 11 Days 13 If less than one day 11 hr. .... min.

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

10. Usual occupation maid (Hotel)

11. Industry or business

12. Name Press Kinney

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

14. Maiden name Lucy Warr

15. Birthplace Clay County Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) burial (b) Date thereof March 7 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director E. S. ...

(b) Address 1212 ...

19. (a) 3-17-42 (b) M. M. Cronin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1942 hour 4 minute 30 p.m.

21. I hereby certify that I attended the deceased from December 26 1941 to March 5 1942 that I last saw her alive on March 5 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Adenocarcinoma of Breast with Metastasis

Due to 50

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) (Means of injury)

23. Signature J. A. ... (M. D. or other)

Address Gen. Hosp #2-600622 Date signed 3-9-42

261

(Licensed Embalmer's Statement on Reverse Side)

DEC 13 1943

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

Signed

*E. Sterling Billa*

Licensed Embalmer No.

*3178*

P. O. Address

*1712 Pine St.*

**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.**