

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17080

State File No. _____

2000

Registrar's No. _____

FILED MAY 29 1942 99

Registration District No. _____

Primary Registration District No. 1002

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:
1014 Independence Avenue-United Beverage Co.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 15 Years

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. 3217 Mersington Avenue
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Anna May 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 3 Divorced

6. (b) Name of husband or wife Jay Miller

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased: March 16 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

58 2 5 _____ hr. _____ min.

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

10. Usual occupation Clerk few days

11. Industry or business United Beverage Company

MOTHER FATHER

12. Name Henry Wright

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

14. Maiden name Hulda Nichols

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Gleichman

(b) Address 3112 N. 23rd

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 23, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Fredonia, Kansas

18. (a) Signature of funeral director O. H. Newcomer

(b) Address 1401 Brush Creek Blvd.

19. (a) 5-23-42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st
year 1942 hour 11:15 minute AM A. M.

21. I hereby certify that I attended the deceased from 11 AM
5-21 1942 to 11:15 AM 5-24 1942

that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Coronary Occlusion

Duration 12 hours

Due to _____

Due to 940

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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 _____

23. Signature Jack W. Haef (M. D. or other) M.D.

Address Kansas City Date signed 5-22-42

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

48
3
8

48
3
8
0

#12

361

6200
2-5
Bead

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 Quisenberry
Licensed Embalmer No. 4070
P. O. Address B. 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.