

No. 2  
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5-17-39  
I X28484

20370

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUL 3 1942  
399

Primary Registration District No. 1002

Registrar's No. 2445

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:  
Elizabeth's Rest Home 3630 Warwick 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Weeks  
(Specify whether

In this community 39 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 4440 Prospect Avenue 8  
(If rural, give location)

(e) Citizen of foreign country? Naturalized Citizen. In U.S. since 1902  
(Yes or No)

If yes, name country Born in Oslo, Norway

3. (a) PRINT FULL NAME Mrs. Caroline Miller

3. (b) If veteran, name war None

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. Oscar Miller 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased January 18 1882  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>5</u>	<u>5</u>	hr. min.

9. Birthplace Oslo Norway 4  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business At Home

12. Name Unknown Huff 4

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

14. Maiden name Unknown

15. Birthplace Oslo Norway 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar Miller

(b) Address 4440 Prospect Avenue

17. (a) Burial (b) Date thereof June 25, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

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

(b) Address 1401 Brush Creek Blvd.

19. (a) 6-25-42 (b) M. M. Crome  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23  
year 1942 hour 12:12 minute 46 P.M.

21. I hereby certify that I attended the deceased from Oct 1941 to 6/23, 1942

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

Immediate cause of death Carcinomatosis

Due to Carcinoma of uterus

Due to 485

Other conditions (Include pregnancy within 3 months of death)

Major findings: Exploratory laparotomy

Of operations Exploratory laparotomy

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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)

(e) Means of injury \_\_\_\_\_

23. Signature Archie 3 (M. D. or other)

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

MOTHER FATHER

361

(Licensed Embalmer's Statement on Reverse Side)

Dr. Carl Schmitt  
Phys. 7125 1st

**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 Emile W. Colburn

Licensed Embalmer No. 3506

P. O. Address K. 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.**