S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 30 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1230

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 244

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: Colonial Rest Home 7611 Wornall Rd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hours 5 days (Specify whether)
In this community 2 mo. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48 3
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 7611 Wornall
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Elizabeth Miller

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

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Robert R. Miller Deceased
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 2 (Day) 1861 (Year)

8. AGE: Years 81 Months 8 Days 14 If less than one day hr. min.

9. Birthplace Tennessee Hawk Ind (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Robert E. Elwell
13. Birthplace Knobnoster Mo Ind Ink (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary E. Lura Jane Sefter
15. Birthplace Sawrel, Ind (City, town, or county) (State or foreign country)
16. (a) Informant Daisy De Long
(b) Address 200 S. Jackson K.C. Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-19-43 (Month) (Day) (Year)
(c) Place: burial or cremation Knobnoster Mo 1-19-43
18. (a) Signature of funeral director Alfred H Halfin
(b) Address Higginsville Mo
19. (a) 1-17-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16 year 1943 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 13, 1943, to Jan 16, 1943, that I last saw her alive on Jan 16, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	4 days
Due to Arterial Hypertension	
Due to Arteriosclerosis	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Carl R. Ferris (M. D. or other) MD
Address 934 Argyle Bldg Kansas City, Mo Date signed Jan 16, 1943

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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, fact should be so stated above.