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1233

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

JAN 30 1943, 149
Registration District No.

Primary Registration District No. 1002

Registrar's No. 332

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. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 Months
In this community 5 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3811 Mercier
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Inez Mills
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 Harry Mills 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Nov. 27, 1899
(Month) (Day) (Year)

8. AGE: Years 43 Months 1 Days 24
If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Housewife

MOTHER FATHER {
12. Name John J. Griffith
13. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)
14. Maiden name Minnie Sappington
15. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Mills
(b) Address 3811 Mercier Street

17. (a) Cremation (b) Date thereof 1-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Missouri

19. (a) 1-22-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11
year 1943 hour 3 minute 15 a.m.
21. I hereby certify that I attended the deceased from Nov-10
1942 to Jan. 10, 1943
that I last saw he alive on Jan 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction Duration 1 month
Due to Carcinoma of intestine
Due to 46E
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Carcinoma of esophagus
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) (e) Means of injury _____
23. Signature P. M. Nunn (M. D. or other)
Address 1401 SW Blvd Date signed 1-11-43

The P.M. Museum

1:30 - 5

524 S.W. Alford

K.O.S.

P.O. 0450

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 *Clarence W. Chiles*.....

Licensed Embalmer No. *3473*.....

P. O. Address *76 E. 760*.....

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.