V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9203

FILED APR 8 1943

Registration District No. 1943/49

Primary Registration District No. 1002

Registrar's No. 1534

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: K.C. General Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 hrs. (Specify whether years, months or days)

In this community: Life

2. USUAL RESIDENCE OF DECEASED: 48

(a) State: Missouri (b) County: Jackson 3

(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 0

(d) Street No.: 1918 Mersington (If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Irene Helen Miller

3. (b) If veteran, name war: XX

3. (c) Social Security No.: None

4. Sex: Fe

5. Color or race: Wh

6. (a) Single, widowed, married, divorced: Sgl

6. (b) Name of husband or wife: XX

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

7. Birth date of deceased: December (Month) 21 (Day) 1928 (Year)

8. AGE: Years 14 Months 3 Days 8 If less than one day ____ hr. ____ min.

9. Birthplace: Kansas City (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

FATHER 12. Name: Harry A. Miller

13. Birthplace: Chicago (City, town, or county) Illinois (State or foreign country)

MOTHER 14. Maiden name: Irene McDermott

15. Birthplace: Eagle Grove, (City, town, or county) Iowa (State or foreign country)

16. (a) Informant: Harry A. Miller

(b) Address: 1918 Mersington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: J.W. Wagner

(b) Address: Kansas City, Mo.

19. (a) 3-30-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th year 1943 hour 3 minute 15 A. M.

21. I hereby certify that I attended the deceased from 3-28-43, 19__, to 3-29-43, 19__; that I last saw her alive on 3-29-43, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Meningitis, ~~probably pneumococcic, type not definitely determined as yet~~

Due to: Meningicoccus Meningitis

Due to: 6

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

Major findings:
Of operations:

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Henry R. Johnson (M. D. or other)

Address: Med. Dir K.C. General Hospital Date signed:

(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 A. R. Hacnschild

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.