

Registration District No. 3542 Primary Registration District No. 10011000

1. PLACE OF DEATH:  
(a) County: BUCHANAN  
(b) City or town: ST. JOSEPH  
(c) Name of hospital or institution: State Hospital No. 2, 2  
(d) Length of stay: In hospital or institution 3 months 26 days  
In this community 3 months 26 days

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Missouri (b) County: Jackson  
(c) City or town: Kansas City  
(d) Street No.: 705 Pennsylvania Ave.  
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME: MARY MILES.  
(b) If veteran, name war: \_\_\_\_\_ (c) Social Security No.: \_\_\_\_\_  
4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: Widowed  
6. (b) Name of husband or wife: Deceased 6. (c) Age of husband or wife if alive: \_\_\_\_\_ years  
7. Birth date of deceased: October 18 1958

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 13th year 1943 hour 4 minute 45 P.M.  
21. I hereby certify that I attended the deceased from November 27th 1942 to March 13th 1943 that I last saw her alive on March 13th 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 84 Months 4 Days 25 hr. min.

Immediate cause of death: Broncho-pneumonia Duration 7 days  
Due to: Cerebral Hemorrhage  
Due to: Arterio-sclerosis

9. Birthplace: Unknown (City, town, or county) (State or foreign country) 9  
10. Usual occupation: Housewife  
11. Industry or business: \_\_\_\_\_  
12. Name: Simon Wiley 12  
13. Birthplace: Unknown (City, town, or county) (State or foreign country) 9  
14. Maiden name: Sarah Mellap 14  
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 9

Other conditions: \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

16. (a) Informant: John H. and Pauline Bresman  
(b) Address: 705 Pennsylvania Ave. K.C. Mo.  
17. (a) R (b) Date thereof: 3-14-43  
(c) Place: burial or cremation: Kansas City, Mo.  
18. (a) Signature of funeral director: Roy Stawley  
(b) Address: St. Joseph, Mo.  
19. (a) 3-14-43 (b) Rae Helgog (Registrar's signature)

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
23. Signature: M. Sineany (M. D. or other) \_\_\_\_\_  
Address: State Hospital No. 2, St. Joseph, Mo. Date signed: 3-14-43

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

1233

(Licensed Embalmer's Statement on Reverse Side)

J. H. Morrison M.D. Physician

**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

*John Roy Stoney*

Licensed Embalmer No.

*2435*

P. O. Address

*St. Joseph 2*

**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.**