V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1943

Registration District No. 77

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 17056

Registrar's No. 2102

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: 2nd Floor-Apt. # 565 Stonewall Court-2500 ~~East~~ Independence Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --- (Specify whether
In this community 51 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. 2500 ~~East~~ Independence Avenue 8
(If rural, give location)

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

If yes, name country Canada

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

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mr. Edgerton Miles

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

7. Birth date of deceased January (Month) 10 (Day) 1860 (Year)

8. AGE: Years 83 | Months 3 | Days 24 | If less than one day ___ hr. ___ min.

9. Birthplace (City, town, or county) Canada 2 (State or foreign country)

10. Usual occupation At Home

11. Industry or business ---

FATHER
12. Name George Clark
13. Birthplace (City, town, or county) New York 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Scotland 4 (State or foreign country)

16. (a) Informant Mrs Edith Thompson
(b) Address 2500 Indep. Ave

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof May 6, 1943 (Month) (Day) (Year)
(c) Place: ~~burial or~~ cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 5-6-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th year 1943 hour 8 minute 15 A. M.

21. I hereby certify that I attended the deceased from May 1, 1941, to May 4, 1943 that I last saw her alive on May 3, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Edema	2 hrs
Chronic Myocarditis	2 yrs
Due to Senility	
93 D	
Due to	
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 A. E. Vaughn (M.D. or other) D.O.

Address 615 Chambers Bldg. Date signed 5-5-43

(Licensed Embalmer's Statement on Reverse Side)

615 [redacted] Chambersburg

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 H O Newcomer Jr

Licensed Embalmer No. 4043

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.