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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 30 1943
Registration District No. 179

Primary Registration District No. 1002

Registrar's No. 2677

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: 1222 Harrison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community 14 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1222 Harrison
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Minnie Ann 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 Married

6. (b) Name of husband or wife Elmer P. Miller

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Sept 11 1888 (Month) (Day) (Year)

8. AGE: Years 54 Months 9 Days 3 If less than one day hr. min.

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

10. Usual occupation House Work
11. Industry or business At Home

12. Name Louis Hegeman

13. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

14. Maiden name C. Clappitt

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

16. (a) Informant Elmer P. Miller

(b) Address 1222 Harrison

17. (a) Removal (b) Date thereof 6-14-43 (Month) (Day) (Year)

(c) Place: burial or cremation Lawrence, Kansas

18. (a) Signature of funeral director J. E. Brown

(b) Address Lawrence, Kansas
19. (a) 6-14-43 (b) J. E. Brown (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1943 hour 5 minute 15 AM

21. I hereby certify that I attended the deceased from April 1940 to June 14 1943; that I last saw him alive on June 13 1943; and that death occurred on the date and hour stated above.

Immediate cause of death carcinoma of colon Duration 2 yrs

Due to carcinoma of uterus 3 yrs

Due to 4/6 1/8

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations carcinoma uterus and colon
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 J. E. Brown (M. D. or other) J. E. Brown
Address Lawrence, Kansas Date signed 6-14-43

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

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 *Paul W. Ramsey*.....

Licensed Embalmer No. *4151*.....

P. O. Address *Lawrence, Kansas*.....

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.