

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4197
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution Research Hosp.
(d) Length of stay: In hospital or institution 58 days
In this community 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence
(d) Street No. 621 W. So. Ave
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME VIOLET MILLER
(b) If veteran name war
(c) Social Security No. none

20. DATE OF DEATH: Month Oct day 1 year 1943 hour 6 minute 05 sec
21. I hereby certify that I attended the deceased from Aug 23 1943 to Oct 1 1943
that I last saw alive on Sept 30 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of hair
6. (a) Single, widowed, married, divorced, or widowed Married
(b) Name of husband or wife Charles A. Miller
(c) Age of husband or wife if alive 50 years
7. Birth date of deceased Dec. 10 1905

Immediate cause of death Infectious neuramph of the Guillain Barre type
Due to
Other conditions 87 lb
(include pregnancy within 3 months of death)

8. AGE: Years 37 Months 9 Days 21
9. Birthplace Harvard Neb

Major findings: Of operations
Of autopsy
PHYSICIAN Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife
11. Industry or business at home
12. Name no record
13. Birthplace Illinois
14. Maiden name no record
15. Birthplace 9

16. (a) Informant Charles A. Miller
(b) Address 621 W. So. Ave
(c) Place: burial or cremation Grand Island Neb
18. (a) Signature of funeral director George E. Carson
(b) Address Independence, Mo
19. (a) 10-2-43 (Date received local registrar)
(b) N. E. Brown (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?
While at work? (Specify type of place) Means of injury
23. Signature Leonard J. Brown (M. D. or other)
Address 870 prof BLS Date signed 10/1/43

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

Dr. Roll. Davis
Prof. Beck

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 Frank Leib
Licensed Embalmer No. 2467
P. O. Address Indep. 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.