

S. No. 2
M-2-43
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. 33885
Registrar's No. 4219

FILED NOV 1 1943

Registration District No. 149 Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 3242 Norledge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Weeks
In this community 3 Weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 108
(a) State Missouri (b) County Jackson
(c) City or town Kansas City Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 3242 Norledge formerly Nevada, Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME LENA MILLER
3. (b) If veteran, name war No 3. (c) Social Security No. None
4. Sex Fe. 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 3 year 1943 hour 3 minute A. M.
21. I hereby certify that I attended the deceased from Sept 18 1943 to Oct 13 1943
that I last saw her alive on Oct 3 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Lobar Pneumonia Duration 3 days

8. AGE: Years 79 Months _____ Days _____ If less than one day hr. _____ min. _____
9. Birthplace Missouri
(City, town, or county) (State or foreign country)

Due to myocardial degeneration
Due to senility
Other conditions (Include pregnancy within 3 months of death) 108

10. Usual occupation Homemaker
11. Industry or business None
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Estella Stanfield
(b) Address 1816 Marcier
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 4, 1943
(Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cemetery
18. (a) Signature of funeral director C. H. Blackman & Son,
(b) Address Kansas City, Mo.
19. (a) 10-4-43 (Date received local registrar) (b) P. 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? _____ (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. J. Gillum (M. D. or other) MO
Address 2115 Independence Ave. Date signed 10-4-43
P. E. Mo. By A. J. Gillum

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. D. Blackman
Licensed Embalmer No. 3639
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.