

8. No. 2
9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34919

State File No.

Registrar's No. 239

FILED OCT 22 1943
Registration District No. 146

Primary Registration District No. 3026

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community Fourteen years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence
(If outside city or town limits, write "RURAL")

(d) Street No. 1214 North Liberty
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs Marie Stewart Milbert

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leonard F. Milbert

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased March 22 1903
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>40</u>	<u>6</u>	<u>26</u>	hr. min.

9. Birthplace Centuria Kansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name Henry Clay Rout

13. Birthplace Berdena Kansas 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary M. McDougal

15. Birthplace Centuria Kansas 1
(City, town, or county) (State or foreign country)

16. (a) Informant Leonard Francis Milbert

(b) Address 1214 North Liberty St. Independence Mo

17. (a) Removal (b) Date thereof Sept. 22 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centuria Cem. Centuria Kansas

18. (a) Signature of funeral director W. E. Mitchell

(b) Address 110 North Grand St. Independence Mo

19. (a) 9-22-1943 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18th
year 1943 hour 11 minute 10 P. M.

21. I hereby certify that I attended the deceased from 7-17 to 9-18 1943
that I last saw him alive on 9-18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Rupture of uterus.

Duration 1 hr.

Due to Version of baby to deliver it.

Other conditions Duchenne's paralysis
(Include pregnancy within 3 months of death)

Major findings: none 149 a1

Of autopsy None done but rupture could be felt vaginally.

22. If death was due to external cause, 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)

23. Signature James W. Ross (M. D. or other) MD
Address Independence Mo Date signed 9-20-43

PHYSICIAN
Underline the cause to which death should be charged statistically.

223

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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 me

Registered Apprentice No.

working under my personal supervision.

Signed

Henry J. Mitchell

Licensed Embalmer No. 3925

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.