

S. No. 2  
M-2-43  
5-17-39  
1 X3559

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34934**

FILED NOV 4 1943  
Registration District No. **146**

Primary Registration District No. **3026**

Registrar's No. **253**

1. PLACE OF DEATH  
(a) County **Jackson**  
(b) City or town **Independence**  
(c) Name of hospital or institution: **1001 East Walnut**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **15 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Independence**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1001 East Walnut**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **No**

3. (a) PRINT FULL NAME **LULA M. MILLER**  
3. (b) If veteran, name war **none**  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH Month **Sept.** day **24**  
year **1943** hour **6:30** minute **A.M.**  
21. I hereby certify that I attended the deceased from **June** 19\_\_\_\_ to **Sept.** 19\_\_\_\_  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color of hair **White** 6. (a) Single, widowed, married **2. Widowed**  
6. (b) Name of husband or wife **Samuel Miller** 6. (c) Age of husband or wife if alive **6** years  
7. Birth date of deceased **May 12, 1878**  
(Month) (Day) (Year)

Immediate cause of death **Arteriosclerotic heart disease**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) **930**

8. AGE: Years **65** Months **4** Days **12** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy **Arteriosclerotic heart disease**

9. Birthplace **Oklahoma** (City, town, or county) (State or foreign country)  
10. Usual occupation **House work**  
11. Industry or business \_\_\_\_\_  
12. Name **Columbus Exp. Sausage**  
13. Birthplace **Louisiana** (City, town, or county) (State or foreign country)  
14. Maiden name **Mary M. Brundick**  
15. Birthplace **Arkansas** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ed. Baker**  
(b) Address **1001 East Walnut**  
17. (a) **Removed** (b) Date thereof **9/28/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Lyons Okla**  
18. (a) Signature of funeral director **George C. Carson**  
(b) Address **Independence Mo.**  
19. (a) **9-28-43** (b) **James J. Ross**  
(Date received local registrar) (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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **James J. Ross** 3 **11/25/43**  
Address **Law** Date signed **11/25/43**

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

NOV 5 10 24 AM '57

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NOV 2 0 1957

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Paul H. Hill*.....

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.