

FILED DEC 22 1943/9

Primary Registration District No. 1002

Registrar's No. _____

5135

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

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:
2939 Oak Street,
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no. (Specify whether
 In this community 80 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. 2939 Oak Street,
(If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country x

3. (a) PRINT FULL NAME Mrs. Lydia R. Mills,
 3. (b) If veteran, name war no. 3. (c) Social Security No. no.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 4th
 year 1943 hour 10:00 minute P. M.

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Widowed,
 6. (b) Name of husband or wife Sterling E. Mills, 6. (c) Age of husband or wife if alive x years
 7. Birth date of deceased August 23 1848
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from December 4, 1943 to December 4, 1943; that I last saw her alive on December 4, 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 95 Months 3 Days 22 hr. 1 min.

Immediate cause of death:
1. Abscess of lower Colon
2. Arteriosclerotic Cardio-vascular disease

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

Duration 3 Weeks
 Due to 123'3

10. Usual occupation at home,

Other conditions 123'3
(Include pregnancy within 3 months of death)

11. Industry or business x

MOTHER FATHER
 12. Name Unknown,
 13. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown,
 15. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)

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

16. (a) Informant H. P. Mills,

22. If death was due to external causes, fill in the following:

(b) Address R. F. D. #1, Merriam, Kansas.

(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial (b) Date thereof 12-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation Hyland Park Cemetery

(c) Where did injury occur? _____
(City or town) (County) (State)

18. (a) Signature of funeral director Stine & McClure,
 (b) Address 3235 Gillham Plaza, Kansas City, Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

19. (a) 12-6-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury _____

23. Signature Gerald B. Peas MD
 Address 30th + Wyandotte Date signed 12-6-43

23. Signature _____ (Specify type of place)
 (c) Means of injury _____

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Dr. Pees at Trinity Lutheran Hosp.

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.....

John H. Shirley

Licensed Embalmer No. *4050*

P. O. Address *Kansas City 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.