

No. 2
5-42
17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1599

FILED JAN 20 1948
1948

Registration District No.

Primary Registration District No. 1002

Registrar's No. 5602

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: St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Days
(Specify whether
In this community 45 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. 2429 East 69 Terrace
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME Mrs. Rosa L. Miller

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John A. Miller 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased 8 14 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 14 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Phillip Weist
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Rosina Danzeissen
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant John A. Miller

(b) Address 2429 East 69 Terrace

17. (a) Removal (b) Date thereof 12-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alma, Kans.

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) Dec 29 1943 (b) F E Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 year 1943 hour 7 minute 2 M.

21. I hereby certify that I attended the deceased from Dec 2 1943 to Dec 28 1943
and that I last saw her alive on Dec 27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Broncho Pneumonia Duration 5 days

Due to Cc of Sigmoid 1 lye

Other conditions (Include pregnancy within 3 months of death) 4/62

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

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 W. Parsons (M. D. or other) _____
Address Plaza Med Bldg Date signed _____

1/1

(Licensed Embalmer's Statement on Reverse Side)

12-29-43

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

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 Oliver C. Wedelias
Licensed Embalmer No. 3495
P. O. Address N. 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.