S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3125

State File No.

Registration District No. 176 Primary Registration District No. 5568 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Blue Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1525 Sterling Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 16 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1014 So Main
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Julia Elizabeth Miner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race wh.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 4 (Day) 1867 (Year)

8. AGE: Years 76 Months 9 Days — If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

MOTHER FATHER

12. Name Wm. H. Roberts

13. Birthplace Hallsville Missouri (City, town, or county) (State or foreign country)

14. Maiden name Julia Ann Hulen

15. Birthplace Sturgeon, Mo (City, town, or country) (State or foreign country)

16. (a) Informant W. C. Doherty

(b) Address 1048 Haskell, K.C. Kan.

17. (a) Burial (Burial, Cremation, or removal) (b) Date thereof Jan 6-44 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Ott & Mitchell

(b) Address 310 N. Main Indep. Mo

19. (a) 1-5-1944 (Date received local registrar) (b) James Wilson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4 year 1944 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 3, 1944, to Jan 4, 1944, that I last saw her alive on Jan 3, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	18 hrs
Due to arteriosclerosis	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ✓
Of autopsy ✓

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. C. Heckman (M. D. or other)

Address Independence Mo Date signed Jan 5

(Licensed Embalmer's Statement on Reverse Side)

1163

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 H. Mitchell

Licensed Embalmer No. 3925

P. O. Address Sedalia, 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.