V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9999

FILED APR 15 1944 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1447

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: 2819 LINWOOD BLVD
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----- (Specify whether
In this community 70 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2819 LINWOOD BLVD. 8
(If rural, give location)

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

If yes, name country ----- 0

3. (a) PRINT FULL NAME MRS. LILLIAN MAUDE MILES

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~~ MR. GIDEON MILES

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased DECEMBER (Month) 6 (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	3	23	hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business -----

FATHER
12. Name JEREMIAH HOLT 0
13. Birthplace MISSOURI CITY (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name FRANCES DUVALL
15. Birthplace MISSOURI CITY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant MR. GIDEON MILES

(b) Address 2819 LINWOOD BLVD.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 1-1944 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ ASHLAND CEMETERY ST. JOSEPH, MISSOURI

18. (a) Signature of funeral director W. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 4-1-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 29TH year 1944 hour 12 minute 50 P. M.

21. I hereby certify that I attended the deceased from 1st Mar 1944 to 29 Mar 1944 that I last saw her alive on 28 Mar 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage

Due to

Due to Arthur Sclerosis

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations ?

Of autopsy NO

Duration

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 [signature] (M. D. or other)

Address 309 E 10th Date signed

(Licensed Embalmer's Statement on Reverse Side) 3-31-1944

309 East 10th Street

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 E. A. Worthy

Licensed Embalmer No. 1767

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.