V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 5 1944

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 13789

Registrar's No. 1786

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:
5140 WALNUT STREET 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 55 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48 3

(c) City or town KANSAS CITY 8
(If outside city or town limits, write "RURAL")

(d) Street No. 5140 WALNUT STREET
(If rural, give location)

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

If yes, name country ------

3. (a) PRINT FULL NAME MRS MINNIE MAY MILLER

3. (b) If veteran, name war NO

3. (c) Social Security No. none

4. Sex FEMALE

5. Color or race WHITE 1

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband ~~or wife~~ MR. J W MILLER

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

7. Birth date of deceased SEPTEMBER (Month) 17 (Day) 1869 (Year)

8. AGE: Years 74 | Months 7 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace UNKNOWN (City, town, or county) MISSOURI (State or foreign country) 0

10. Usual occupation AT HOME

11. Industry or business ------

FATHER
12. Name ENOS A PUCKETT
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country) 9

MOTHER
14. Maiden name MARY A MARSHALL
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country) 9

16. (a) Informant MRS. NYDA P. LYMAN
(b) Address 5140 WALNUT STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 24 1944 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ ELMWOOD CEMETERY

18. (a) Signature of funeral director W. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 4-23-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 22ND year 1944 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 10, 1933, to April 22, 1944; that I last saw her alive on April 22, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death myocardial failure with terminal Bronchopneumonia	3 days
Due to Cerebral apoplexy on Apr 17/44	5 days
Due to Hypertension - General Arteriosclerosis	11 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no operations
Of autopsy no autopsy

8 30

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 Herman H. Lyon M.D. (M. D. or other)
Address 626 Lathrop K.C. Mo Date signed April 22/44

(Licensed Embalmer's Statement on Reverse Side)

626 Lathrop Bldg
1-4

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 H C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K 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.