

No. 2  
-5-43  
-17-39  
X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18254

FILED JUN 8 1944

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 110

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Independence, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Independence, San & Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Six Months  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. 800 So. Grand  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) <sup>1282</sup> PRINT FULL NAME ELIZABETH MILLER

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

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Miller 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased October 24 1878  
(Month) (Day) (Year)

8. AGE: 65 Years 6 Months 6 Days If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Henry Brandhurst

13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Albertina Boulch

15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Pete Nichols

(b) Address 907 Harris

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-44  
(Month) (Day) (Year)

(c) Place: burial or cremation Woodlan Cem, Independence

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Missouri

19. (a) 5-3-44 (Date received local registrar) (b) James Cross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 30 day  
year 1944 hour 10 minute 50p M.

21. I hereby certify that I attended the deceased from April 30, 1944 to April 30, 1944.  
that I last saw her alive on April 30, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (aspiration) Duration 12 hr  
Due to Cerebral hemorrhage 16 hr  
Due to arteriosclerosis years

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN 83a  
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 Vance E. Link, M.D. (M.D. or other) \_\_\_\_\_  
Address 179 W. Lexington, Independence Date signed 5-1-44

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

MOTHER FATHER

1163

(Licensed Embalmer's Statement on Reverse Side)

110

JUN 9 1944

AUG 10 1964

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

*Floyd C. Carson*

Licensed Embalmer No. *4199*

P. O. Address. *Independence,*

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.