

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21719

FILED JUL 10 1944
Registration District No. 1944 X

Primary Registration District No. 5575

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Jackson, (b) State Missouri
 (c) City or town Kansas City, (Rural) Washington
 (If outside city or town limits, write "RURAL" and name of township)
 (d) Name of hospital or institution: Armour Memorial Home,
 (If not in hospital or institution, write street number or location)
 (e) Length of stay: In hospital or institution no. 5 (Specify whether
 In this community Seven years, (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City, (Rural)
 (If outside city or town limits, write "RURAL")
 (d) Street No. Armour Memorial Home,
 (If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country x 0

3. (a) PRINT FULL NAME Mrs. Emma Miller Pizarro
 3. (b) If veteran, name war no.
 3. (c) Social Security No. no.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Pietro S. Pizarro
 6. (c) Age of husband or wife if alive 84 years
 7. Birth date of deceased March 1 1868
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 3 26 hr. min.

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

10. Usual occupation at home,

11. Industry or business x

12. Name Jacob Miller,

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

14. Maiden name Emily Barfield,

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

16. (a) -Informant Armour Memorial Home,

(b) Address 81st and Wornall Road, K. C., Mo.

17. (a) Burial (b) Date thereof 6-29-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) June 30 - 44 (b) [Signature] (c) [Signature]
 Date received local registration (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th
 year 1944 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from Dec 1937 to June 27 1944
 that I last saw her alive on June 27 - 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis - Duration

Due to

Due to

Other conditions Broncho Pneumonia's
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations 810
 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?

While at work? (Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other)

Address 636 [Address] Date signed 6/29/44

Dr. Annie [Signature] (Licensed Embalmer's Statement on Reverse Side)

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

800

Dr. C. D. Cantrell,

C. D. Cantrell

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

[Signature]
..... Licensed Embalmer No. *1415*

..... P. O. Address *[Signature]*

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.