

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30251
Registrar's No. 3880

Registration District No. 149

Primary Registration District No. 1002

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: Research Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 3 weeks
In this community 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 49
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 712 East 33rd Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME MISS HELEN McMILLAN

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 single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 27th 1880
(Month) (Day) (Year)

8. AGE: Years 64 Months 7 Days 25 If less than one day 28 hr. min.

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

10. Usual occupation School Teacher

11. Industry or business DeLano School

12. Name Henry McMillan

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

14. Maiden name Julia Lowe

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

16. (a) Informant Miss Sadie McMillan

(b) Address 712 East 33rd Street

17. (a) Removal (b) Date thereof 7-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macon, Missouri

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 9-26-44 (b) T. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 25th
year 1944 hour _____ minute 3:30 P.M.

21. I hereby certify that I attended the deceased from Sept 1, 1941
_____ 19 _____ minute _____
that I last saw her alive on Sept 25 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Due to late pleural effusion Duration 3 days

Due to Carcinoma of the breast 3 yrs 5 mos
to generally metastatic

Other conditions (Include pregnancy within 3 months of death)

Major findings: 50 PHYSICIAN _____
Of operations _____
Of autopsy _____
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) Means of injury 0
23. Signature John A. Carter (M. D. or other) Dr. J.
Address 130 Maple Blay & C. Mo. Date signed 9/26/44

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

MOTHER FATHER

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 Walter H. Erwin

Licensed Embalmer No. 4352

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.