V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33316

FILED NOV 14 1944

Registration District No. 1409

Primary Registration District No. 1002

Registrar's No. 4417

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: 1317 Askew Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community unk.

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. 1317 Askew Ave 8
(If rural, give location)

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

If yes, name country ..

3. (a) PRINT FULL NAME Jane Millen

3. (b) If veteran, name war no

3. (c) Social Security No. Dont Know

4. Sex Female 1

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased April (Month) 26, (Day) 1878 (Year)

8. AGE: Years 66 Months 6 Days 5 If less than one day ..... hr. 1 min.

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

10. Usual occupation Clerk - Retired

11. Industry or business Montgomery Ward

FATHER
12. Name Unknown J Millen
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Brinkley
(b) Address 1317 Askew Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/3/44 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cem

18. (a) Signature of funeral director Geo H. Long
(b) Address Kansas City, Kansas

19. (a) 11-2-44 (Date received local registrar) (b) A. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31 year 1944 hour 1145 minute P.M.

21. I hereby certify that I attended the deceased from Oct 20, 1944, to Oct 31, 1944 that I last saw her alive on Oct 30, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of descending colon	6 mo?
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Parenchymatous nephritis	1 yr
Major findings: Of operations: Nil	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. E. Schorn (M. D. or other) D.O.

Address 243 Werby Bldg Date signed 11-1-44

361 (Licensed Embalmer's Statement on Reverse Side) / KC Mo

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 Chas H Rider

Licensed Embalmer No. 3404

P. O. Address 703 N. 10th KC Ks

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.