

FILED OCT 24 1944

Registration District No. **179** Primary Registration District No. **1002**

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

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:
4 West Dartmouth Road
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no. (Specify whether
 In this community 42 yrs.
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4 West Dartmouth Road,
 (If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country C

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 4th
 year 1944 hour 6:15 minute P. M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Loren Donald Miller, 6. (c) Age of husband or wife if alive unk years
 7. Birth date of deceased September 30 1902
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-17-1940
 to 10-4-44
 that I last saw her alive on 10-4 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
42 0 54 hr. min.

Immediate cause of death Secondary Carcinomatosis Primary in Rt. breast
 Duration 1 yr

9. Birthplace Missouri (City, town, or county) (State or foreign country)
 10. Usual occupation at home,

Due to 50
 Due to
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Breast Cancer 1938

11. Industry or business X
 12. Name S. W. Wright,
 13. Birthplace Missouri (City, town, or county) (State or foreign country)
 14. Maiden name Mabel Duncan
 15. Birthplace Missouri (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Of operations Breast Cancer 1938
 Of autopsy no.

16. (a) Informant Loren Donald Miller,
 (b) Address 4 Dartmouth Rd., Kansas City, Mo.
 17. (a) Burial (b) Date thereof 10-6-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Moriah Cemetery
 18. (a) Signature of funeral director Stine & McClure,
 (b) Address 3235 Gillham Plaza, K. C., Mo.
 19. (a) 10-5-44 (b) T. E. Brown
 (Data received local registrar) (Registrar's signature)

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) (b) Means of injury C
 23. Signature Thaddeus M. M.D. (M. D. or other) M.D.
 Address 924 Prof. Bldg. R. C. H. Date signed 10-5-44

Dr. Frank Leitz

Very Baldy vic 3650

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 E. M. Plank

Licensed Embalmer No. 1848

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.