

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

36971  
4806

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 9 1944

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

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:  
1330 Euclid  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
In this community 9 years  
(Specify whether 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. 1330 Euclid  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

Lillie D. Miller White

(b) If veteran, name war

None

(c) Social Security No.

None

4. Sex 3 Fe

5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife

Forestine White

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased

October

4, 1908

(Month)

(Day)

(Year)

8. AGE:

Years 36

Months 1

Days 21

If less than one day

hr. min.

9. Birthplace

Memphis

Tenn.

(City, town, or county)

(State or foreign country)

10. Usual occupation

Cook-Private Family

11. Industry or business

MOTHER FATHER

12. Name

Jimmy Miller

13. Birthplace

Miss.

(City, town, or county)

(State or foreign country)

14. Maiden name

Daisy Pope

15. Birthplace

Memphis

Tenn.

(City, town, or county)

(State or foreign country)

16. (a) Informant

Daisy Miller

(b) Address

7741 Central Avenue, Detroit

17. (a) Mich. removal

(Burial, cremation, or removal)

(b) Date thereof

11/28/44

(Month) (Day) (Year)

(c) Place: burial or cremation

Detroit, Michigan

18. (a) Signature of funeral director

Hathings Bros.

(b) Address

1729 Lydia

19. (a) 11-28-44

(Date received local registrar)

P. E. Brown

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 25  
year 1944 hour 9:05 minute A. M.

21. I hereby certify that I attended the deceased from Nov 7 - 1944  
to Nov 25 - 1944  
that I last saw her alive on Nov 25 - 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death

Acute Respiratory  
Parenchymatous  
Cardiac Asthma

Duration

2 wks -  
6 mos.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

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) Means of injury

23. Signature

Address

R. B. Bishop M.D.  
913 Main St.

Date signed 11/27/44

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

---

---

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.....

*J. Manlove*

Licensed Embalmer No. *3944*

P. O. Address *2503 Highland*

**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.**