

26529

State File No. \_\_\_\_\_

**FILED** SEP 10 1945

Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 3600

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:  
4231 Roanoke Rd. /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community \_\_\_\_\_ 80 Years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4231 Roanoke Rd. 8  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Mrs. Amanda Belle Miller  
 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 Widowed  
 6. (b) Name of husband or wife William Miller 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Oct. 17 1852  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
92 10 12 hr. min.

9. Birthplace Connelsville Pennsylvania /  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Samuel B. Coloflower

13. Birthplace Baltimore Md. /  
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Trump

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

16. (a) Informant Miss Maude B. Miller

(b) Address 4231 Roanoke Road

17. (a) Burial (b) Date thereof 8/ 31/ 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City Missouri

19. (a) 8-29-45 (b) St. Adalbert Admes  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug. day 29th  
 year 1945 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 1945  
Aug 29 1945 to Aug 29 1945  
 that I last saw her alive on Aug 27 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 6 mo

Due to Hypertension 30 yrs

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 94a  
 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) (e) Means of injury \_\_\_\_\_

23. Signature St. Adalbert Admes (M. D. or other) md

Address 901 Westport Rd Date signed 8/29/45

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**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.....

Licensed Embalmer No. ....

P.O. Address.....

**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.**