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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 7 1946

State File No. 1614

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 435

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: Home- 2403 Kensington /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 Years
years, months or days)

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. 2403 Kensington 8
(If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME Lillie 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 Marrried /

6. (b) Name of husband or wife Clark Miller

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased April 3rd, 1882
(Month) (Day) (Year)

8. AGE: Years 63 Months 79 Days 22 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER
12. Name Henry Vaughan
13. Birthplace ..... (City, town, or county) Ky. / (State or foreign country)

MOTHER
14. Maiden name Barbara Major
15. Birthplace ..... (City, town, or county) Va. / (State or foreign country)

16. (a) Informant Leon Miller
(b) Address Wellsville Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cem.

18. (a) Signature of funeral director Earp Funeral Home
(b) Address 4139 East 15th, St.

19. (a) 1-26-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25th.
year 1946 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept, 1945, to January 25, 1946
that I last saw her alive on January 25, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial insufficiency

Due to Coronary Sclerosis

Due to Hypertension

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration

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 [signature] (M. D. or other) AW

Address 4202 E. 24th Date signed 1/26/46

(Licensed Embalmer's Statement on Reverse Side)

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 John B. Carp

Licensed Embalmer No. 29557

P. O. Address P.C. Md

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.