

No. 2
4-5-43
5-17-39
I X36671

FILED JAN 31 1946

Registration District No. 149

Primary Registration District No. 1002

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:
800 East 11th Street, K.C. Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community 30 years

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. 800 East 11th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mabel Rebecca MILLS

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 Married

6. (b) Name of husband or wife Walter Mills 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Jan. 17, 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>11</u>	<u>25</u>	hr. min.

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

10. Usual occupation Housewife
Home

11. Industry or business Home

MOTHER FATHER

12. Name J.A. Mough
13. Birthplace Cannelton Penn.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Walter Mills
(b) Address 800 East 11th St. K.C. Mo.

17. (a) Removal (b) Date thereof 1-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation WEBB City Mo

18. (a) Signature of funeral director Melody-McGilly-Eylar
(b) Address 1800 Linwood Blvd, K.C. Mo.

19. (a) 1-14-46 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 12
year 1946 hour 9:45 minute 0 M.

21. I hereby certify that I attended the deceased from before 19 to 19
that I last saw h. alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death ruptured aortic aneurysm

Due to Senescent - arteriosclerosis

Due to
Other conditions
(Include pregnancy within 3 months of death) 17a

Major findings:
Of operations
Of autopsy
Hunting & Janssen

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 Senescent

23. Signature (M. D. or other)
Address 1824 Prof Bldg Date signed 1-15-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
1140

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

Elmer E. Hark

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.