S. No. 2
M—5-43
. 5-17-39
p I X36671

3413

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 11 1946

State File No. 4334

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 13

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town ~~Nevada~~ - Rural Washington (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp No 3 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 yrs. 1 mo. 9 days (Specify whether

In this community 16 years 1 mo 9 d. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 159

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 3430 Charlotte (If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME GRACE-FOWKES

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex fem

5. Color or race wh

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased Oct (Month) 26 (Day) 1879 (Year)

8. AGE: Years 66 Months 3 Days 4 If less than one day — hr. — min.

9. Birthplace Brooklyn (City, town, or county) N Y. 1 (State or foreign country)

10. Usual occupation f. housewife

11. Industry or business none

FATHER
12. Name Alexander Miller
13. Birthplace Glasgow (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Ella Richards
15. Birthplace County Tyrone (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Records State Hosp No 3

(b) Address Nevada Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-30-46 (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

C. L. ...STER 18. (a) Signature of funeral director [illegible]

(b) Address 918 Brooklyn, KC. Mo

19. (a) 1-30-46 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1946 hour 5 minute A M.

21. I hereby certify that I attended the deceased from Oct, 1939 to Jan 30, 1946 that I last saw her alive on Jan 30, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Metastasis to Lung + bones.

Due to

Due to Rt Breast Carcinoma operated 8/21/43

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

50

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) No.

(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 Paul L. Barone (M. D. or other)

Address State Hosp 3 Date signed Jan 30, 1946

331 (Licensed Embalmer's Statement on Reverse Side) Nevada Mo

RECEIVED
District Health Officer No. 7
[illegible] 1-46-80
Date Filed 2-7-46

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 Costland Munson

Licensed Embalmer No. 3414

P. O. Address 918 Brooklyn

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.

K C Eno