S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 22 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

13278

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1686

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: 110 West 36th Street,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether
In this community 50 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. 110 West 36th Street, 8
(If rural, give location) 0

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

If yes, name country x

3. (a) PRINT FULL NAME Mrs. Anna Laura Miller,

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Harry N. Miller

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased March (Month) 23 (Day) 1864 (Year)

8. AGE: Years 82 Months D Days 14 If less than one day hr. min.

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

10. Usual occupation at home,

11. Industry or business x

FATHER
12. Name John W. Welsh
13. Birthplace Maryland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Vogelson
15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Harry N. Miller

(b) Address 110 West 36th St., Kansas City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-9-46 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-9-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1946 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from Feb 16-46, 19 to April 7, 1946
that I last saw her alive on April 7, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	24 hrs
Due to Gall Bladder disease Cholecystitis	6 mo
Due to no gall stones	
Other conditions Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations 127a²

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. W. Grauerholz M.D. (M. D. or other)
Address 3527 Broadway, K.C. Mo. Date signed 4/8-46

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. W. Grauerholt, Wo 5522

35-27
Broadway

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address K C. 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.