No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 40923

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5390

**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: Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days (Specify whether
In this community 7 days.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Clay 24

(c) City or town North Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1033 East 22 St. 1
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME NORA Wilson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased October (Month) 25 (Day) 1870 (Year)

8. AGE: Years 76 Months ~~2~~ 1 Days 27 If less than one day hr. min.

9. Birthplace Onawa (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Daniels Webster Millican
13. Birthplace Georgetown (City, town, or county) Ill. 1 (State or foreign country)

MOTHER
14. Maiden name Sophronia Parmenter
15. Birthplace Sidney (City, town, or county) Ill. 1 (State or foreign country)

16. (a) Informant Fievona Dines
(b) Address 1033 East 22 St. North Kansas City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-46 (Month) (Day) (Year)
(c) Place: burial or cremation Triplett, Missouri

18. (a) Signature of funeral director Morton Smith
(b) Address 832 Armour Rd. North Kansas City

19. (a) 12-24-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 22
year 1946 hour minute M.

21. I hereby certify that I attended the deceased from 12-16-46, 19, to death, 19; that I last saw her alive on 12-21-46, 19; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Chronic Myocarditis | — |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) 92 | |

Major findings:
Of operations
Of autopsy Chronic myocarditis
Regular ventricular dilatation

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 R H Dunham M D (M. D. or other)
Address NKC, Mo. Date signed 12-23-46.

(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. Garth D. Smith

Licensed Embalmer No. 3927

P. O. Address 832 Armour Rd. North Kans

**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.**