S. No. 2
1—12-45
7. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 1237

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 86

**1. PLACE OF DEATH:**
(a) County: Jackson
(b) City or town: Kan. City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Trinty Luthern
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day; In this community 15 years (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Missouri (b) County: Clay 24
(c) City or town: Liberty RR#2 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: HAZEL IRENE MILLER
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: Female 1
5. Color or race: W
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Harman D. Miller
6. (c) Age of husband or wife if alive: 37 years
7. Birth date of deceased: Sept (Month) 5 (Day) 1911 (Year)
8. AGE: Years 35 ~~35~~; Months ~~8~~ 3; Days ~~5~~ 29; If less than one day ___ hr. ___ min.
9. Birthplace: Burlington Kansas 1 (City, town, or county) (State or foreign country)
10. Usual occupation: House wife
11. Industry or business:
FATHER 12. Name: Burt Jones 1
FATHER 13. Birthplace: Burlington Kans. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Eva Phillips
MOTHER 15. Birthplace: Burlington, Kans. 1 (City, town, or county) (State or foreign country)
16. (a) Informant: Harmen D. Miller
(b) Address: Liberty, Mo. RR# 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 8 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: East Slope M.P.C. Mo.
18. (a) Signature of funeral director: Morton Smith's Fun. Home
(b) Address: 832 Armour Rd., Nor. Kans. City
19. (a) 1-8-47 (Date received local registrar) (b) Geraldine Hines (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jany 4 day 1947 year 1947 hour 1 minute ___ M.
21. I hereby certify that I attended the deceased from Jany 3-47 to Jany 4, 1947, to ___, 19___; that I last saw h[illegible] alive on Jany 4, 1947 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Acute Nephritis
Due to: Chronic nephritis
Due to: (Hysterectomy) FOR suspected malignancy
Other conditions: none found
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 131 R
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
(Specify type of place)
While at work? (c) Means of injury: 0
23. Signature: John H. Cleave (M. D. or Coroner)
Address: 1025 Rialto Bldg. KCMO Date signed: 1

(Licensed Embalmer's Statement on Reverse Side)

JAN 5 1948

1417 West 75th
KC Mo
Jackson 1336

**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 Theron O Smith

Licensed Embalmer No. 3928

P. O. Address Mutl Rev. Cty Ph

**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.**