

No. 2  
 DM-5-43  
 v. 5-17-39  
 I X36871

State File No. \_\_\_\_\_

FILED JUN 30 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2607

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:  
313 Lawrence /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution XX  
(Specify whether)  
 In this community Life  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson 48  
 (c) City or town Kansas City 2  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 313 Lawrence  
(If rural, give location)  
 (e) Citizen of foreign country? No 8  
(Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS. ANNA GERTRUDE MILLER  
 3. (b) If veteran, name war XX  
 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June day 12th  
 year 1947 hour 6: minute 03 P. M.

4. Sex Fe 5. Color or race Wh  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Rudolph J. Miller  
 6. (c) Age of husband or wife if alive XX years  
 7. Birth date of deceased March 2 1869  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 6-1947  
2, 1947, to June 12, 1947.  
 that I last saw her alive on June 12, 1947,  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>3</u>	<u>10</u>	_____ hr. _____ min.

Immediate cause of death, Pneumonia 2 days  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_ 15 years

9. Birthplace Kansas City Mo.  
(City, town, or county) (State or foreign country)  
 10. Usual occupation At Home

Other conditions Chronic Arteritis Femoralis  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_ 107

11. Industry or business \_\_\_\_\_  
 12. Name Wm. A. Spanger  
 13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
 14. Maiden name Catherine Huhn  
 15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. E.H. Johnson  
 (b) Address 313 Lawrence

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 \_\_\_\_\_

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16-47  
(Month) (Day) (Year)  
 (c) Place: burial or cremation Forest Hill Cemetery  
 18. (a) Signature of funeral director J.W. Wagner  
 (b) Address Kansas City, Mo.  
 19. (a) 6-16-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

23. Signature J.W. Bauerholz M.D. (M. D. or other) \_\_\_\_\_  
 Address 3527 Broadway R.C. Mo. Date signed June 13-47

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

MOTHER FATHER

J. W. Starnesbody M.D.  
3527 Broadway  
Mc5522

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 Alvin R. Haunchild

Licensed Embalmer No. 4159

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.