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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 26 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 262
Registrar's No. 68

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2804 Olive Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: not (Specify whether
In this community: 7 months 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.: 5629 Highland Ave. 8 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Mary Ellen Miller
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow 2
6. (b) Name of husband or wife: Smith E. Miller
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: September (Month) 3 (Day) 1857 (Year)

8. AGE: Years	Months	Days	If less than one day
90	4	13	hr. min.

9. Birthplace: Clinton County (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: At home.
11. Industry or business:
FATHER 12. Name: Jackson N. Henderson
13. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country) 1
MOTHER 14. Maiden name: Lucy Lancaster
15. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country) 1
16. (a) Informant: Mrs. J. F. Windish
(b) Address: 2804 Olive St., St. Joseph, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Jan. 19, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Moriah, K. C., Mo.
18. (a) Signature of funeral director: Hutton Meierhoffer
(b) Address: 1946 Colhoun St., St. Joseph, Mo.
19. (a) 1-22-48 (Date received local registrar) (b) L. L. Jenkins (Registrar's signature) 3X2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: January day: 16th year: 1948 hour: 10 minute: 10 P. M.
21. I hereby certify that I attended the deceased from December 26, 1947, to January 16, 1948; that I last saw her alive on Jan. 14, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerosis generalized	10 yrs.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: NA	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: 0
23. Signature: H. W. Carle (M. D. or other)
Address: 702 Francis St., St. Joseph, Mo. Date signed: 1/17/48

Jefferson City Printing Co.
(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.....Albert C. Harrington.....

Licensed Embalmer No.....5258 Missouri.....

P. O. Address.....St. Joseph, 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.