No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 17 1948

Registration District No. 449

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

4982

State File No.

Registrar's No. 464

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: 5331 Highland Little Sisters of the Poor
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 years 11 Months (Specify whether
In this community 2 years 11 months
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. 5331 Highland 8
(If rural, give location)

(e) Citizen of foreign country? unknown (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME MRS. ELIZABETH MILLER

3. (b) If veteran, name war No

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 Phillip Miller

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

7. Birth date of deceased Jan 26 (Month) 1875 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	0	5	hr. min

9. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name John Ehrenbold
13. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rose Nioderost
15. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Emilie
(b) Address 5331 Highland

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation Joplin, Missouri

18. (a) Signature of funeral director Burk & Tobin
(b) Address 20 West Linwood

19. (a) 2-2-48 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1st day Feb year 1948 hour 6:30 minute A M.

21. I hereby certify that I attended the deceased from Jan 8 1948, 19, to Jan 31 1948, 19; that I last saw her alive on Jan 31 1948, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	3 years
Due to Hypertensive Heart Disease	
Due to Generalized Arterio-sclerosis	10 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

938

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 John T. Skinner (M. D. or other) MD
Address 1402 Bryant Bldg Date signed 2/2/48

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 Howard W. Farmer

Licensed Embalmer No. 4134

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.