No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 20 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8827

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1024

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

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: 4538 Jarboe
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether
In this community 18 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

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

(d) Street No. 4538 Jarboe
(If rural, give location)

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

If yes, name country x

3. (a) PRINT FULL NAME Mrs. ~~Goldie~~ GOLDA Miller

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Arthur W. Miller

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased September (Month) 19 (Day) 1888 (Year)

8. AGE: Years 59 Months 5 Days ~~17~~ 16 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business x

FATHER
12. Name Taylor W. Hardin
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Susan Baublits
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Arthur W. Miller

(b) Address 4538 Jarboe, Kansas City, Mo.

17. (a) ~~burial~~ (Burial, cremation, or removal) (b) Date thereof 3-8-48 (Month) (Day) (Year)

(c) Place: burial or cremation ELMWOOD CEM

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 3-5-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1948 hour 8:45 minute A. M.

21. I hereby certify that I attended the deceased from Nov 17, 1947, to March 5, 1948, that I last saw her alive on March 4, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolus

Due to malignancy of lung & stomach

Due to lung primary

Other conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations

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? (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 Harold A. Pollitt (M. D. or other) MD

Address 1132 Prof Bldg K.C. Date signed 3/7/48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Harold Pallett

Proff. Body

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Kenmore

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.