

FILED MAY 7 1948

Registration District No. **149**

Primary Registration District No. **1002**

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:
Research Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 days**
(Specify whether years, months or days) **6 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Jackson**
(c) City or town **Hutchinson**
(If outside city or town limits, write "RURAL")
(d) Street No. **107 E. 15th St**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mrs. Lenna D. Miles**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widow**
6. (b) Name of husband or wife **Wm. P. Miles** 6. (c) Age of husband or wife if alive **18.62** years

7. Birth date of deceased **June 17, 1862**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	10	3	hr. min.

9. Birthplace **Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business _____

12. Name **Mormon**

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name **Mr. Knowlton**

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant **Johnson + Son Funeral Home**

(b) Address **Hutchinson, Kansas**

17. (a) **Removal** (b) Date thereof **4-20-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hutchinson, Ks.**

18. (a) Signature of funeral director **Stine & Molyure**

(b) Address **Kansas City, Mo.**

19. (a) **4-20-48** (b) **Alvordine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **20**
year **1948** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **4/14/48** to **4/20/48**
that I last saw her alive on **4/20/48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic Pneumonia** Duration **2da**

Due to **fractured hip** **6da**

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: **186a**
Of operations **18**
Of autopsy **none**

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

22. If death was due to external causes, fill in the following:
accident, suicide, or homicide (specify) **Broken Hip**

(b) Date of occurrence **4-18-48**

(c) Where did injury occur? **Hutchinson, Kansas**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in the home
While at work? **no** (Specify type of place) (e) Means of injury **Fell from chair**

23. Signature **L. G. Bolter** (M. D. or other)
Address **1904 Valley Ad Kelly** Date signed **4/20/48**

Wm. L. Patten
Phy.

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 H. C. 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.