FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 19 1948

Registration District No. 146

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 36998

Registrar's No. 340

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 mo. 19 days (Specify whether years, months or days)
In this community: 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Independence
(If outside city or town limits, write "RURAL")
(d) Street No.: 11211 Van Horn Rd.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Mrs. Lena Bell 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: married
6. (b) Name of husband or wife: William T. Miller
6. (c) Age of husband or wife if alive: 59 years
7. Birth date of deceased: June 21, 1889 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	4	11	hr. min.

9. Birthplace: Hamilton, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: self employed
FATHER
12. Name: Samuel J. Cox
13. Birthplace: Hamilton, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Nellie Gildersleeve
15. Birthplace: Long Island, N. Y. (City, town, or county) (State or foreign country)
16. (a) Informant: Mr. W. I. Miller
(b) Address: 11211 Van Horn Rd. Indep. Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 11/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Washington Cem.
18. (a) Signature of funeral director: Geo. C. Carson
(b) Address: Independence, Mo.
19. (a) 11-3-48 (Date received local registrar) (b) [signature] (Registrar's signature) 3347

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 2
year: 1948 hour: 6:45 minute: P M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Circulatory Failure	(1hr.)
Due to: Chronic Lymphatic Leukemia	(3yrs)
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: See Above	

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? (Specify kind of business or industry of injury)
23. Signature: A. E. Upshaw (M. D.)
Address: 2800 Main Date signed: 11/3/48

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

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 John M. Heiman, Registered Apprentice No. 269 working under my personal supervision.

Signed R. A. Lisle

Licensed Embalmer No. 423

P. O. Address Independence, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.