

FILED APR 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12704**
1614BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 22 YEARS		d. STREET ADDRESS (If rural, give location) 3804 MICHIGAN AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3804 MICHIGAN AVENUE		d. STREET ADDRESS (If rural, give location) 3804 MICHIGAN AVENUE	

3. NAME OF DECEASED (Type or Print)	a. (First) PERMELIA	b. (Middle) JANE L.	c. (Last) MILLER	4. DATE OF DEATH (Month) (Day) (Year) APRIL-12-1951
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 2, 1870	9. AGE (In years last birthday) 80 YRS.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) ELLSWORTH, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME FRANCIS LAUCK	13b. MOTHER'S MAIDEN NAME MARTHA RUARK	14. NAME OF HUSBAND OR WIFE TURNER J. MILLER
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MR. TURNER J. MILLER	ADDRESS 3804 MICHIGAN, K.C., Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		6 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4250

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1942**, 19___, to **4-11**, 19**51**, that I last saw the deceased alive on **4-11-51**, 19___, and that death occurred at **1:20 Am.**, from the causes and on the date stated above.

23a. SIGNATURE Geo. C. Kealhofer (Degree or title) Not M. D.	23b. ADDRESS 4050 Broadway, St. Louis	23c. DATE SIGNED 4-12-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE APRIL-13-1951	24c. NAME OF CEMETERY OR-CREMATORY STEELE CEMETERY	24d. LOCATION (City, town, or county) (State) FALLS CITY NEBRASKA
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DATE REC'D BY LOCAL REG. 4-13-51	REGISTRAR'S SIGNATURE Seraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE O. N. Newsome's Sons	ADDRESS 1331 BRUSH CAREER KANSAS CITY, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Charles H. Strickman

Licensed Embalmer No. 4520

P. O. Address R.P. 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.