

MAR 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4891
State File No. 941

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson 3278	
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	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2		d. STREET ADDRESS (If rural, give location) 1624 Troost 27 0	
3. NAME OF DECEASED (Type or Print) a. (First) Helena b. (Middle) Miller c. (Last) Carden		4. DATE OF DEATH (Month) (Day) (Year) 2 25 52	
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH 5-15-85
9. AGE (In years last birthday) 66		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Sheridan Co, Missouri 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		12. CITIZEN OF WHAT COUNTRY? America	
13a. FATHER'S NAME Bartlett Miller		13b. MOTHER'S MAIDEN NAME Emma Miller	
14. NAME OF HUSBAND OR WIFE Unknown		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. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Beatrice Nelson 2818 Wabash	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Pulmonary Congestion and Edema. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS (b) Cardiac Hypertrophy (c) Arteriolar nephrosclerosis.		INTERVAL BETWEEN ONSET AND DEATH 443X
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-10-52, 19__, to 2-25-52, 19__, that I last saw the deceased alive on 2-25-52, 19__, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR E. Frank King	23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 2-27-52
24a. BURIAL, CREMATION, OR TOMB REMOVAL (Specify) Burial	24b. DATE 5 March 1952	24c. NAME OF CEMETERY OR CREMATORY Woodlawn
DATE REC'D BY LOCAL REG. 2-28-52		24d. LOCATION (City, town, or county) (State) Kansas City Kansas
REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fannie L. Meek - Kansas City, Mo.

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Fannie T. Meek*

Licensed Embalmer No. *1877*

P. O. Address *Kansas City 8, 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.