

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4976

State File No. ....

550

FILED FEB 18 1954

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

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Florence E. Mac Innis

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> b. CITY OR TOWN <u>KANSAS CITY</u> c. LENGTH OF STAY (in this place) <u>44 YEARS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3516 SUMMIT STREET</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> c. CITY OR TOWN <u>KANSAS CITY</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>3516 SUMMIT STREET</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>LINN</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>MILLIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB-1-1954</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>DEC-8-1859</u>		
9. AGE (In years last birthday) <u>94</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SECRETARY-TREASURER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>EMPORIA, KANSAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>ROBERT MILLIS</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET MACKENSON</u>	
14. NAME OF HUSBAND OR WIFE <u>NELLIE MAY MILLIS</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>490-16-1022A</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>NELLIE MAY COLBY</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia on or in</u> ANTECEDENT CAUSES (b) <u>Cholerae septicæ + Diphtheria</u> (c) <u>Pyothorax + Intest + Glandular</u> II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		INTERVAL BETWEEN ONSET AND DEATH <u>15 years</u> <u>1 year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)		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 <u>Aug 1, 1941</u> to <u>Jan 27, 1954</u> , that I last saw the deceased alive on <u>Dec 30, 1954</u> and that death occurred at <u>8:40 a.m.</u> from the causes and on the date stated above.					
23. SIGNATURE (Degree or title) <u>[Signature]</u>			23b. ADDRESS <u>1103 9th St</u>		23c. DATE SIGNED <u>2-1-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB. 3, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. MUNCY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>LEAVENWORTH, KANSAS</u>
DATE REC'D BY LOCAL REG. <u>2-3-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Albert L. Savage*

Licensed Embalmer No. 48

P. O. Address *Kansas*

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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