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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1942

Registration District No. 598

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14552

Primary Registration District No. 3019

Registrar's No. 121

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence city
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1200 West Maple Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 21 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. 1200 West Maple Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME LAOLA J MILLER
3. (b) If veteran, name war L
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harry C. Miller
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased July 7 1899 (Month) (Day) (Year)
8. AGE: Years 42 Months 9 Days 19 If less than one day ..... hr. ..... min.
9. Birthplace Lagonia (City, town, or county) Iowa (State or foreign country)
10. Usual occupation House wife
11. Industry or business
MOTHER FATHER
12. Name Charles Cook
13. Birthplace No record (City, town, or county) Michigan (State or foreign country)
14. Maiden name Matilda Moyside
15. Birthplace No record (City, town, or county) Indiana (State or foreign country)
16. (a) Informant Harry C. Miller
(b) Address Independence Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/29/42 (Month) (Day) (Year)
(c) Place: burial or cremation Leoni Iowa
18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence Mo.
19. (a) 4-28-42 (Date received local registrar) (b) James W. Ross (Registrar's signature)
1163 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 26 year 1942 hour 7 minute 40 P M.
21. I hereby certify that I attended the deceased from Nov 6 - 1941, 19..., to April 26 - 42, 19...
that I last saw her alive on April 26 - 1942, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Jaundice	Duration 1 mo
Due to Diffuse Carcinomatosis	2 mos
Due to Carcinoma rt breast	6 mos (?)
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Carcinoma rt breast. Mastectomy - Nov 26 - 1941
Of autopsy

PHYSICIAN
Underline the cause to 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?
(e) Means of injury
23. Signature R. J. Gard M.D. (M. D. or other)
Address Independence Mo Date signed 4-27-42

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.....

Licensed Embalmer No. 2467

P. O. Address Indep. 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.