

S. No. 2
M-5-43
v. 5-17-39
I X36671

FILED JUN 4 1945
Registration District No. 979

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7611 Wornall Road, Const. Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 months
(Specify whether years, months or days) 4

In this community 20 years

3. (a) PRINT FULL NAME Mrs. Julia A. Million

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jesse Million

6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased August 16 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>9</u>	<u>6</u>	hr. min.

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business X

12. Name William Owens Downey

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Edith Hedger

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. H. Fowler

(b) Address 1818 W. 50th Ter., Kansas City, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-20-45
(Month) (Day) (Year)

(c) Place: burial or cremation Ft. Scott, Kansas

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 5-22-45 (Date received local registrar) (b) Seraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 7611 Wornall Road
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from JAN 1 1945 to MAY 21 1945

that I last saw her alive on MAY 20 1945 and that death occurred on the date and hour stated above.

Immediate cause of death BRONCHIAL PNEUMONIA Duration 24 HRS

Due to SENILE DEMENTIA 4 MO

Due to _____

Other conditions (include pregnancy within 3 months of death) 107

Major findings: Of operations _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. L. Haffner (M.D. or nurse) Address Raytown, Mo Date signed 5/21/45

Dr. F. L. Laffoon, Argyle Bldg.
Ha 3733

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 Robert H. Reed

Licensed Embalmer No. 3745

P.O. Address. R. C. 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.