

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40203**

FILED DEC 28 1945
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. **5121**

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community 50 years
(Specify whether years, months or days)

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. 2533 Van Brunt
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Mary Miller

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 8 1866
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>79</u>	<u>7</u>	<u>1</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Andrew Gippner

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

14. Maiden name City
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Ralph Vanneman

(b) Address 2533 Van Brunt

17. (a) Burial (b) Date thereof 12-13-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Quintin T. Johnson

(b) Address 20 West Linwood

19. (a) 12-12-45 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9
year 1945 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec. 9, 1945 to Dec. 9, 1945
that I last saw her alive on Dec. 9, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral vascular accident

Due to

Due to

Other conditions 1
(Include pregnancy within 3 months of death)

Major findings: 832
Of operations

Of autopsy None

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? 6
(Specify type of place) (e) Means of injury

23. Signature Clark W. Seely
Address Med. Dir. Gen'l Hosp Date signed 12-10-45
(M.D. or other)

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Dr. Jones

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.....

..... P. O. Address.....

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.