

FILED FEB 20 1946

State File No.

Registrar's No. 8

Registration District No. 146

Primary Registration District No. 3026

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
913 South Hocker
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Independence 4
(If outside city or town limits, write "RURAL")
(d) Street No. 913 So. Hocker 4
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOANNA ELLA MILLARD

3. (b) If veteran, name war _____
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 Clarence N. Millard
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased June 3, 1965
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 7 7 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {
12. Name Charles Howard
13. Birthplace New York
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Norton
15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Clarence N. Millard

(b) Address Independence, Missouri

17. (a) Burial (b) Date thereof 1/12/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Independence, Missouri

19. (a) 1-10-46 (b) [Signature]
(Date received local registrar) (Printed name)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10,
year 1946 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from 1/6, 1945, to 1/2, 1946,
that I last saw her alive on 1/3, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Emaciation Duration 1 mo

Due to Carcinoma of Liver 2 mo

Due to _____

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

Major findings: Of operations [Signature]
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 Vance E. Link, M.D. (M. D. or other)
Address Vance E. Link, M.D. Date signed 1/10/46

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

4982

46
4
4

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 Richard R. Speaks

Licensed Embalmer No. 7604

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.