

FILED DEC 26 1947/49
Registration District No.

Primary Registration District No. **1002**

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:
Krestwood Convalescent Home 2700 Tracy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **16 wks**
(Specify whether
In this community **Life**
years, months or days) **4**

3. (a) PRINT FULL NAME **LENA MILLER**
3. (b) If veteran, name war **X no**
3. (c) Social Security No. **X none**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
(b) Name of husband or wife **Charley Miller**
6. (c) Age of husband or wife if alive **75** years
7. Birth date of deceased **December 28 1871**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day	
	75	11	9	X hr.	X min.

9. Birthplace **Platte County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **Andrew Elam**

13. Birthplace **Unknown Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Casey Mosby**

15. Birthplace **Clay County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Glover Williams**

(b) Address **832 E. 24 St. N.K.C., Mo.**

17. (a) **Removal** (b) Date thereof **12/9/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Barry Cem. Barry, Mo.**

18. (a) Signature of funeral director **Morton-Smith's F.H.**

(b) Address **832 Armour Rd., N.K.C., Mo.**

19. (a) **12-8-47** (b) **Sheldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Clay**
(c) City or town **Avondale**
(If outside city or town limits, write "RURAL")
(d) Street No. **X**
(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 **December** day **7**
year **1947** hour **4** minute **30** A.M.

21. I hereby certify that I attended the deceased from **19 Aug**
19**47**, to **7 Dec** 19**47**;
that I last saw her alive on **2 Dec** 19**47**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic pneumonia**
Duration **1 week**

Due to **Carcinoma of Breast** **17 years**
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: **50**
Of operations: **Diagnosis of Ca proved by biopsy on 8-20-47**

22. death was due to external cause, 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? (Specify type of place) Means of injury **0**

23. Signature **R. D. Dyer** (M. D. or other) **MD**

Address **201 Community Bldg** Date signed **8 Dec 47**

PHYSICIAN
Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

North St. City, Mo

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 Charles L. Fleming, Registered Apprentice No. # 447 working under my personal supervision.

Signed

Theron O. Smith

Licensed Embalmer No.

2928

P. O. Address

N. H. 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.