

No. 300
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5-17-39
P 1 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30015**

FILED OCT 1 1948
Registration District No. **749**

Primary Registration District No. **1002**

Registrar's No. **3902**

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 **6 days** (Specify whether
In this community **35 Yrs.** (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. **4127 E. 14 terr.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Etta E. Miller alias Welch**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept.** day **23**
year **1948** hour **2** minute **15 P.M.**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Vincent Miller** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **September 17, 1884**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **21 Sept. 17**, 19**48** to **Sept. 23**, 19**48**
that I last saw her alive on **Sept. 23**, 19**48**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
64 **0** **6** hr. min.

Immediate cause of death **Carcinoma of breast with metastases to lungs**
Due to _____
Due to _____

9. Birthplace **Missouri** (City, town, or county) (State or foreign country)
10. Usual occupation **Cook**

Other conditions (Include pregnancy within 3 months of death) **50**
Major findings: Of operations _____
Of autopsy **See above**

11. Industry or business **Manual High School**
12. Name **James Sibert**
13. Birthplace **Penn.** (City, town, or county) (State or foreign country)
14. Maiden name **Lavina Close**
15. Birthplace **Ind.** (City, town, or county) (State or foreign country)

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 _____

16. (a) Informant **Odessa Galbraith**
(b) Address **4125 E. 14th St. Terr.**
17. (a) **Burial** (b) Date thereof **9/25/48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Forest Hill Cemetery**
18. (a) Signature of funeral director **Earp & Sons**
(b) Address **4139 East 15th St.**
19. (a) **9-24-48** (b) **Stardine Holmes**
(Date received local registrar) (Registrar's signature)

Physician **See above**
Underline the cause to which death should be charged statistically.
23. Signature **Wm W. Hart** (M. D. or other) **MD**
Address **Med. Dir. Gen'l Hosp.** Date signed **9-24-48**

Dr. Anderson

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 *Poland R. Sparks*
Licensed Embalmer No. *3604*
P. O. Address *Independence, 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.