

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6358
Do not use this space.

REC'D MAR 15 1939

1. PLACE OF DEATH

(a) County Clay Registration District No. 232
 (b) Township Jamestown Primary Registration District No. 4152 Registered No. 38
 (c) City Jamestown (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

456 John HENRY MILNER
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 (Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Kathryn Milner (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 - 1863

7. AGE YEARS 75 MONTHS 6 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Mercer Co. (STATE OR COUNTRY) Mo.

FATHER 13. NAME John Milner

14. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

17. INFORMANT Mrs. Kathryn Milner (ADDRESS) Jamestown Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Harris, Mo. DATE Feb. 11 39

19. FUNERAL DIRECTOR (NAME) C. H. Digerson (ADDRESS) Jamestown Mo.

20. FILED Feb 14 1939 Melle Miles Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1939, to Feb. 8 1939
 I last saw him alive on Feb. 8 1939 Death is said

to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Coronary Embolism
PHLEBITIS of left femoral vein
 Date of onset _____
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) F. B. Bailey M.D.
 (Address) Jamestown Mo.

RECEIVED

District Health Officer No. 11,

District File Number... 39-93

Date Filed... MAR 9 1924

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

J. L. Roberson

Registered Apprentice No. 3245

working under my personal supervision.

Signed

J. L. Roberson

Licensed Embalmer No. 3244

P. O. Address Jamesport Pa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.