

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

26240
Do not use this space.

1. PLACE OF DEATH **8 1939** 3
 (a) County **MARIAN** Registration District No. **548.**
 (b) Township **LIBERTY** Primary Registration District No. **574D.**
 (c) City **Harvard** (d) Street No. _____ St.
 (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 **420 CLARENCE W MILLS**
 (a) Residence, No. **303 N. 4th** 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 **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 19 1914**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	25	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Mgr.**

9. Industry or business in which work was done, as saw mill, bank, etc. **Mills Auto**

10. Date deceased last worked in this occupation (month and year) **July** 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Muscotine Iowa**

FATHER

13. NAME **William E Mills**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Walla Kan.**

MOTHER

15. MAIDEN NAME **Marie King**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **William E Mills
Muscotine, Iowa**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Muscotine Iowa** DATE **July 21 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **James O'Donnell
Harvard Mo.**

20. FILED **July 20 1939** **Vertrude Lee**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 19 1939**

22. I HEREBY CERTIFY, That I attended deceased from **July 19th** 19**39**, to _____, 19____, that saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at **4:50** p. m.
 The principal cause of death and related causes of importance were as follows:
CAME TO HIS DEATH AS RESULT OF AIR PLANE ACCIDENT IN MISSISSIPPI RIVER.

Other contributory causes of importance: **214 ft**

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?
 If so, specify _____ (Signed) **James O'Donnell** M.D.
 Local Registrar **Harvard Mo.**

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.

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.....

Harold M. Donald

Licensed Embalmer No. 3889

P. O. Address..... *Harold M. Donald*

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, above space should be left blank.