

Registration District No. 60

Primary Registration District No. 5095

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Benton *White*
(b) City or town Ionia
(c) Name of hospital or institution: White 2
(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

3. (a) PRINT FULL NAME Mary Elizabeth Milburn 416

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 Widow

6. (b) Name of husband or wife George Milburn 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 6th 1851
(Month) (Day) (Year)

8. AGE: 88 Years 3 Months 4 Days If less than one day _____ hr. _____ min.

9. Birthplace Morgan Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Stevens Brewer

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Ann Finley

15. Birthplace Morgan Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature L. S. Milburn

(b) Address Sedalia Missouri

17. (a) Burial (b) Date thereof 12-12-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marila, Mo

18. (a) Signature of funeral director B. L. Euck

(b) Address Cole Camp Missouri

19. (a) Dec. 19 1939 (b) Mrs. Cora K. Rhodes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton
(c) City or town Ionia
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10th
year 1939 hour 10: minute 45 A. M.

21. I hereby certify that I attended the deceased from Nov 18
1939 to Dec 10 1939
that I last saw her alive on Dec. 9 1939
and that death occurred on the date and hour stated above.

Immediate cause of death: Heart block 20 days
Hemiplegia 14 da
Cerebral Hemorrhage 14 da
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Duration

Major findings: § 70
Of operations _____
Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following: no

(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)
_____ (b) Means of injury

23. Signature A. S. Edgell (M. D. initials)
Address Cole Camp Mo Date signed 12-11-39

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.

RECEIVED

District Health Officer No. 7,

District File Number 1-40-132

Date Filed 1-10-70

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 E. L. Eickhoff

Licensed Embalmer No. 730

P. O. Address W. Camp

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.