No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20712

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 2329

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Research Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days) In this community 3 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City Mo. (If outside city or town limits, write "RURAL")

(d) Street No.: 558 Main Street. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Richard H. McMILLEN. 254

3. (b) If veteran, name war: No

3. (c) Social Security No.: 487-07-6629

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Divorced

6. (b) Name of husband or wife: Myrtle Wells

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: May 8th (Month) (Day) 1910 (Year)

8. AGE: Years 30 | Months 0 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace: Clay County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: Tractor Operator 0

11. Industry or business: Grading Co. 0

FATHER
12. Name: George E. McMillen
13. Birthplace: Clay County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Lena Collman
15. Birthplace: Plat County (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant: Mrs Robert Baker
(b) Address: 1102 Agnes Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 6/6/40 (Month) (Day) (Year)
(c) Place: burial or cremation: Liberty Missouri.

18. (a) Signature of funeral director: Hellody-McGilley
(b) Address: K. C. Mo.

19. (a) June 6, 1940 (Date received local registrar) M. M. Crown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 — day 6-40 year ____ hour ____ minutes 8 40 A M.

21. I hereby certify that I attended the deceased from Dec 1 1939 to June 6 1940, 19____; that I last saw him alive on ____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhage Left C	
Due to: Abscesses	
Due to: Tuberculosis Pulmonary	
Due to: Tuberculosis - in Left	
Other conditions: Multiple Cysts working Chest	
(Include pregnancy within 3 months of death)	184

Major findings:
Of operations: 1 A
Of autopsy: Above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Do not Know
(b) Date of occurrence: 5/15 1940
(c) Where did injury occur? Know (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? ____ (e) Means of injury: 5

23. Signature: [illegible] (M. D. or other)
Address: KCMO Date signed

(Licensed Embalmer's Statement on Reverse Side)

mc

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 _____

Licensed Embalmer No. 2999

P. O. Address _____

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.