

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Rural Montgomery, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) 20

(d) Length of stay: In hospital or institution 2
(Specify whether

In this community 16 years
years, months or days)

3. (a) PRINT FULL NAME CLEMENT NORTH MILNER

3. (b) If veteran, name war _____ No. _____
8. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LULA MILNER 6. (c) Age of husband or wife if

7. Birth date of deceased DEC 29 1869
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Carroll County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Wesley C. Milner

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

14. Maiden name Sarah Baker

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. H. Milner

(b) Address Buell Mo

17. (a) Burial (b) Date thereof June 7 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery Co. Mo

18. (a) Signature of funeral director J. A. ...

(b) Address Montgomery Co. Mo

19. (a) June 7, 40 (b) Buell Weisiger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

(c) City or town Rural
(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 June 5 day 5
year 1940 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from October 16, 1936, to June 5, 1940,
that I last saw him alive on June 5, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary oedema
2. Valvular heart disease,
mitral insufficiency
Due to 3. Myocarditis
4. Nephritis, parenchymatous
chronic
Due to _____

Other conditions (Include pregnancy within 3 months of death) 31

Major findings: Of operations _____

Of autopsy _____

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? 522

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Buell Weisiger (M.D. or other) 1

Address Montgomery City Date signed 6-7-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

IN EMBALMING WORK

WORKING

REGISTERED

APPRENTICE

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 Joseph A. Marler

Licensed Embalmer No. 3658

P. O. Address Waukegan, Ill.

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.