S. No. 2
—11-10-39
. 5-17-39
I X21492

2

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

RECD JUL 15 1940

State File No. 22967

Registration District No. 828 Primary Registration District No. 4501 Registrar's No.

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Hunnewell (If outside city or town limits, write "RURAL" and name of township)

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

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

In this community 72 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby

(c) City or town Hunnewell Mo (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.

3. (a) PRINT FULL NAME Daniel J. McMillin

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Stella R. McMillin

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased July (Month) 14 (Day) 1864 (Year)

8. AGE: Years 75 Months 10 Days 30 If less than one day hr. min.

9. Birthplace Franklin (City, town, or county) Penn. (State or foreign country)

10. Usual occupation Mail Carrier

11. Industry or business

FATHER
12. Name John Daniel McMillin
13. Birthplace DK (City, town, or county) Penn (State or foreign country)

MOTHER
14. Maiden name Mary Jane Witherup
15. Birthplace DK (City, town, or county) Penn (State or foreign country)

16. (a) Informant W. Whisler

(b) Address Savanna Ill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16, 1940 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ 300 F Cemetery Hunnewell

18. (a) Signature of funeral director Wilson & Son

(b) Address Monroe City Mo

19. (a) June 15 1940 (Date received local registrar) (b) Mrs Lyell Landrum (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 year 1940 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 11, 1940 ~~to June 13~~, 1940, to June 13, 1940 that I last saw him alive on June 12, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	3 days
Due to	
Due to 94	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)

(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? 750 (Specify type of place)

While at work? (e) Means of injury

23. Signature R H Parker (M. D. or ~~other~~)

Address Hunnewell Mo Date signed 6-14-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-40-1314
Date Filed JUL 10 1940

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 Leslie L Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City Mo

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

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