No. 2
11-10-39
-17-39
I X21492

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

State File No. 35580

FILED NOV 4 1940

Registration District No. 4 Primary Registration District No. 2002 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 2028 Joplin Street 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 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin
(If outside city or town limits, write "RURAL")
0

(d) Street No. 2028 Joplin Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Jeremiah Lafayette McMillan

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 Widowed

6. (b) Name of husband or wife Catherine

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

7. Birth date of deceased November (Month) 11, (Day) 1852 (Year)

8. AGE: Years 87 Months 11 Days 1 If less than one day hr. min.

9. Birthplace (City, town, or county) Tennessee (State or foreign country) 1

10. Usual occupation Farmer 1

11. Industry or business 0

FATHER
12. Name John McMillan
13. Birthplace (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant J. W. McMillan, Sr.
(b) Address 2028 Joplin St. Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-14-40 (Month) (Day) (Year)
(c) Place: burial or cremation Messer Cemetery

18. (a) Signature of funeral director Thornhill-Dillon
(b) Address Joplin, Missouri

19. (a) 10-12-40 (Date received local registrar) L. D. James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12
year 1940 hour 12:45 minute A M.

21. I hereby certify that I attended the deceased from June 1, 1940, to Oct 12, 1940
that I last saw him alive on Oct 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
General Arteriosclerosis	
Due to	
Due to 97	
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? (Specify type of place)
While at work (e) Means of injury

23. Signature N. Howland (M. D. or other)
Address Joplin Mo Date signed 10/12/40

(Licensed Embalmer's Statement on Reverse Side)

40-11-515

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.....Don Tetuck

Licensed Embalmer No.....4008

P. O. Address.....Joplin 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.