

13-40  
7-39  
X23158

JAN 25 1940

Registration District No. 8V-1

Primary Registration District No. 4388

Registrar's No. 123

1. PLACE OF DEATH:

(a) County Missouri  
(b) City or town Southersville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 106 W. 14th Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 45 years \_\_\_\_\_ (Specify whether  
years, months or days) \_\_\_\_\_ 2

3. (a) PRINT FULL NAME Armeda Millikan

3. (b) If veteran, name war x home 3. (c) Social Security No. x home

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Orlando Millikan 6. (c) Age of husband or wife if alive x years

7. Birth date of deceased February 5, 1875  
(Month) (Day) (Year)

8. AGE: Years 65 Months 10 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Sheridan, Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation house work

11. Industry or business at home

12. Name Israel Seburt

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

14. Maiden name Armeda Champion

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

16. (a) Informant Claude Millikan

(b) Address 106 West 14th Street

17. (a) Burial (b) Date thereof 12/31/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Southersville, Mo.

18. (a) Signature of funeral director La Forge, Wm. Co.

(b) Address Southersville, Mo.

19. (a) Dec 31, 1940 (b) Ada Martens  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perineau  
(c) City or town Southersville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 106 W. 14th St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29  
year 1940 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec 8, 1940 to Dec 29, 1940  
that I last saw her alive on Dec 29, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Hormonal Sclerosis

Due to \_\_\_\_\_  
Due to 940

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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?  
505 (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature J. Bluten (M. D. or other) \_\_\_\_\_  
Address Southersville Date signed 12-29-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1-41-26

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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 J. G. Schaeffer

Licensed Embalmer No. 4086

P. O. Address Conithersville, 9

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

**If this body is not embalmed, fact should be so stated above.**