

NOV 22 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

44139
State File No.

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 295

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
608 E. Allison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 20 yrs _____ (Specify whether _____)
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 608 E. Allison
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Kate Louise Milner

8. (b) If veteran, name war no 8. (c) Social Security No. none

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

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

7. Birth date of deceased April 18, 1921
(Month) (Day) (Year)

8. AGE: Years 88 Months 7 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Bloomington Wis.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Home

12. Name James Milner

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

14. Maiden name Caroline Caswood

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

16. (a) Informant Lillian Milner

(b) Address Windson MO

17. (a) Burial (b) Date thereof 12/2/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windson mo

18. (a) Signature of funeral director Ferry Funeral Home

(b) Address Nevada, mo.

19. (a) 12-2-40 (b) Allen V. Hays
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1, year 1940 hour 1:15 minute A M.

21. I hereby certify that I attended the deceased from Nov. 28, 1940, to Dec 1, 1940

that I last saw her alive on Nov 30, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis Duration 5 yrs

Due to Don't know

Due to _____

Other conditions Influenza 3 days
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

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 J. H. Love (M. D. or other) _____

Address Nevada, Mo Date signed 12-1-40

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

RECEIVED

District Health Officer No. 7

District File Number 1-41-108

Date Filed 1-13-41

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 Ployd B. Winscott

Licensed Embalmer No. 3857

P. O. Address Nevada, Mo

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

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