

Registration District No. 218

Primary Registration District No. 5307

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Clarks Fork Twp Rural
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Life. (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Erle S. Mills.

3. (b) If veteran, name war _____ 3. (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 Mrs. Myrtle Mills 6. (c) Age of husband or wife if alive 65 years

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

8. AGE: Years Months Days If less than one day
76 8 26 hr. min.

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

10. Usual occupation Farmer

11. Industry or business On Farm

12. Name Henry W. Mills.

18. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Susan V. Lewis.

16. Birthplace Virginia.
(City, town, or county) (State or foreign country)

16. (a) Informant Roger Mills.

(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof Jan. 5th 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cem.

18. (a) Signature of funeral director Hoodman & Bolles
(b) Address Boonville, Mo.

19. (a) 1-6-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Boonville, Mo. Rural.
(If outside city or town limits, write "RURAL")
(d) Street No. Near Clarks Fork.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2nd year 1941 hour 7 minute 0 P. M.

21. I hereby certify that I attended the decedent from _____, 1940, to Dec. 30, 1940.

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

Immediate cause of death Toxemia

Due to Carcinoma of urinary bladder

Due to _____

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? _____

(Specify type of place) _____ (e) Means of injury _____

23. Signature J. F. Potts (M. D. or other) D
Address Boonville, Mo Date signed 1/2/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

7-9-6
District File Number
District Health Officer No. 8
RECEIVED

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. H. Goodman

Licensed Embalmer No. *1178*

P. O. Address *Brownville, Mo.*

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.