No. 2
-12-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAR 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6233

Registration District No. 173 Primary Registration District No. 3006 Registrar's No. 41

1. PLACE OF DEATH
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ellis Fischel State Cancer Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Lawrence
(c) City or town Aurora C 53 1
(If outside city or town limits, write "RURAL")
(d) Street No. 41 SW South St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — 1 years.

3. (a) PRINT FULL NAME Mrs. Fannie Elizabeth Mills
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mr. J. E. Mills
6. (c) Age of husband or wife if alive 71 (?) years
7. Birth date of deceased Oct (Month) 6 (Day) 1872 (Year)
8. AGE: Years 68 Months 4 Days 6 If less than one day hr. min.
9. Birthplace Lawrence Co., Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business "
12. Name James W. Wilks (FATHER)
13. Birthplace Lawrence Co Mo. (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Patterson (MOTHER)
15. Birthplace Boone Co., Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Social Service Record
(b) Address above hospital
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Aurora Cem., Mo.
18. (a) Signature of funeral director R Ausiett
(b) Address Rad[illegible] Mo.
19. (a) 2/12/41 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12th year 1941 hour 7:25 minute A M.
21. I hereby certify that I attended the deceased from 2-7, 1941, to 2-12, 1941, that I last saw her alive on 2-11, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(1) Cerebral Hemorrhage	
(2) Arteriosclerotic Heart	
Due to Disease	
(3) Basal Cell Ca of Rt	
Due to cheek INTERNAL	

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy none

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 Laurin V Ackerman (M. D. or other) M.D.
Address Ellis Fischel Cancer Hospital Date signed 2/12/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3183

P. O. Address.....

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, fact should be so stated above.