

No. 2
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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9594

State File No. 1003

BUREAU OF THE CENSUS
APR 15 1941

Registration District No. 299

Primary Registration District No. 1062

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution Lakeside Hospital
(d) Length of stay: In hospital or institution 25 years
In this community 25 years

3. (a) PRINT FULL NAME Clifford Mills
3. (b) If veteran, name war No
3. (c) Social Security No. 495-03-1214

4. Sex Male
5. Color or race white
6. (a) Single, married, divorced, single
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. 1, 1904
(Month) (Day) (Year)

8. AGE: Years 37 Months 1 Days 9 If less than one day hr. min.

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

10. Usual occupation Telephone Operator

11. Industry or business

MOTHER FATHER { 12. Name James Mills
13. Birthplace Missouri
14. Maiden name Nell Sisk
15. Birthplace Missouri

16. (a) Informant Mrs. Nell Johnson
(b) Address 212 West 39th St.

17. (a) Removal (b) Date thereof 3-12-1941
(c) Place: burial or cremation Excelsior Springs, Mo.

18. (a) Signature of funeral director Freeman Mortuary
(b) Address 104 West 42nd Street

19. (a) 3/11/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 212 West 39th Street
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 10 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 5:00 a.m. to 19:00
that I last saw the deceased alive on 19:00
and that death occurred on the date and hour stated above.
Immediate cause of death

Old area of infarction in rt lung & necrosis
Due to Bilateral hydronephrosis & hypertension
Other conditions (Include previous operations)

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?

While at work (Specify any of place) Means of injury
23. Signature M. M. Crowe (M. D. or other)
Address K. C. Mo. Date signed

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

Elmer C. Redlin

Licensed Embalmer No.

9495

P. O. Address

Kansas City 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, fact should be so stated above.