

3-40
7-39
X23159

APR 15 1941

Registration District No. 156

Primary Registration District No. 5-219

Registrar's No. 18

1. PLACE OF DEATH: Cass
 (a) County Cass
 (b) City or town Harrisonville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Rural Grand River Twp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 5 years! years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Cass 19
 (c) City or town Rural 20
 (If outside city or town limits, write "RURAL")
 (d) Street No. Grand River Twp
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Mahala E. McMillan
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 9
 year 1941 hour 9 minute 00 P. M.

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Samuel S. McMillan
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan. 23 1864
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 2, 1941, to March 9, 1941;
 that I last saw her alive on March 9, 1941,
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
77 0 14 5 hr. 50 min.

Immediate cause of death Myocardial Degeneration and Influenza
 Due to _____
 Due to _____

9. Birthplace Tuscumbia MO. 1
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: _____
 Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name Andrew Bilyeau
 13. Birthplace Tuscumbia MO 1
 (City, town, or county) (State or foreign country)
 14. Maiden name Anna Wyrick
 15. Birthplace Tuscumbia MO 1
 (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Brooks McMillan
 (b) Address Harrisonville Mo.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) Burial (b) Date thereof March 12 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Layington Cemetery

(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? _____

18. (a) Signature of funeral director J. S. Triplett
 (b) Address Harrisonville Mo.
 19. (a) 3/10/41 (b) J. S. Triplett
 (Date received local Registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (a) Means of injury _____
 23. Signature J. S. Triplett M.D. (M.D. or other) D
 Address Harrisonville Mo Date signed 3-10-41

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

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.....

not embalmed....., Registered Apprentice No. *777*
working under my personal supervision.

Signed *[Signature]*.....

Licensed Embalmer No.....

P. O. Address.....

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.