

FILED APR 15 1941

State File No. _____

Registration District No. 888

Primary Registration District No. 5916

Registrar's No. 10

1. PLACE OF DEATH:

(a) County PIKE
(b) City or town RURAL PENO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NEAR ARTHUR'S BEND
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community ENTIRE LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PIKE
(c) City or town RURAL FRANKFORD
(If outside city or town limits, write "RURAL")
(d) Street No. RURAL NEAR ARTHUR BEND
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME JOHN THOMAS McMILLIN

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 MARTHA MARGARET McMILLIN 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased DECEMBER 14 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 3 16 hr. min.

9. Birthplace PIKE Co MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARMING

12. Name JAMES A. McMILLIN

13. Birthplace PIKE Co MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name SARAH ELIZABETH CASH

15. Birthplace PIKE Co MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jessie McMillin
(b) Address Frankford Mo

17. (a) BURIAL (b) Date thereof 3/15/1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FAIRVIEW CEMETERY

18. (a) Signature of funeral director Harold V. Harner
(b) Address Frankford Mo

19. (a) April 2-41 (b) Letitia Holman
(Date received local registrar) (Registrator's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 30TH
year 1941 hour 4:00 minute A.M.

21. I hereby certify that I attended the deceased from June 21 to Mar 30 and that I last saw him alive on Mar 26 and that death occurred on the date and hour stated above.

Immediate cause of death Lehr Bright disease
Duration _____

Due to _____

Due to _____

Other conditions. (Include pregnancy within 3 months of death) 1718

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 type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Frankford Mo Date signed Mar 31 41

MOTHER FATHER

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 4-41-719

Date Filed APR 10 1941

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, ~~By~~.....

J. B. Sterne
working under my personal supervision.

Registered Apprentice No.....

Signed

J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana 910

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.