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FILED MAY 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14318**

Registration District No. **213**

Primary Registration District No. **3044**

Registrar's No. **130**

1. PLACE OF DEATH:

(a) County **Cole**
(b) City or town **Jafferson City, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Mary's Hosp.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2**
(Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME **Mary Ann McMillian**

3. (b) If veteran, name war **n.** 3. (c) Social Security No. **no.**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased. **Aug 21 - 1870**
(Month) (Day) (Year)

8. AGE: Years **70** Months **7** Days **25** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Mark Colvin**

13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Ballew**
(City, town, or county) (State or foreign country)

15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Grier C McMillian**
(b) Address **6100 Charlotte, K.C. Mo.**

17. (a) **Burial** (b) Date thereof **4-18-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Seaton Cem.**
J. H. Hoops & Sons

18. (a) Signature of funeral director **Waynesville Mo.**
(b) Address
19. (a) **4-17-41** (b) **Suberford M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Pike** **95**
(c) City or town **Hancock, Mo.** **0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. **0**
(If rural, give location)
(e) Citizen of foreign country? **1** (Yes or No)
If yes, name country **1**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr** day **16**
year **1940** hour **minute** M.

21. I hereby certify that I attended the deceased from **4-15-1941** to **4-16-1941**; that I last saw **him** alive on **4-16-1941**; and that death occurred on the date and hour stated above.

Immediate cause of death **Intestinal obstruction**

Due to **strangulated hernia**

Due to **127 W**

Other conditions (Include pregnancy within 3 months of death)
Major findings: **gangrenous intestines**
Of operations **127 W**
Of autopsy

Duration
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Suberford** (M. D. or other) **M.D.**
Address **Jeff. City, Mo.** Date signed **4/17/41**

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

MOTHER FATHER

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 Paul B. Hooper

Licensed Embalmer No. 3261

P. O. Address Crickton, W. Va.

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.