

Registration District No. 309

Primary Registration District No. 5427

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

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town New Hampton, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry

(c) City or town Rural Athens Township
(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Anna Pearl Mc Millen

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 John Mc Millen 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 27th. 1901
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1941 hour 1 minute 45 PM.

21. I hereby certify that I attended the deceased from Jan 28
Dec 31 1940, to Jan 2 1941;
that I last saw her alive on Jan 2 1940
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>39</u>	<u>0</u>	<u>5</u>	hr. _____ min. _____

Immediate cause of death Lobar Pneumonia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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

10. Usual occupation House wife

11. Industry or business _____

12. Name C. G. Hiner

13. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Missouri Ann Robertson

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

16. (a) Informant John Mc Millen

(b) Address New Hampton Mo. R.F.D.

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

(c) Place: burial or cremation Grandview

18. (a) Signature of funeral director Clifford Burke

(b) Address Albany, Missouri

19. (a) January 6, 1941 (b) W. T. Martin
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature J. Wilson (M. D. or other) MD
Address New Hampton Mo Date signed Jan 3, 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, or by Me

....., Registered Apprentice No.
working under my personal supervision.

Signed *Clifford Brooks*

Licensed Embalmer No. 3329

P. O. Address Albany, 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.