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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18095

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1831 Grand Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — O years.

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3. (a) PRINT FULL NAME ARTHUR T. MILLS

3. (b) If veteran, name war None

3. (c) Social Security No. none

4. Sex Male O

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lida B.

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Feb. (Month) 24 (Day) 1884 (Year)

8. AGE: Years	Months	Days	If less than one day
57	2	8	hr. min.

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

10. Usual occupation Custodian

11. Industry or business Schiffendecker Golf Club.

MOTHER FATHER
12. Name Arthur Mills
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Clarence Mills
(b) Address Joplin, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-41 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director Thornhill-Dillon
(b) Address Joplin Missouri

19. (a) 5-3-41 (Date received local registrar) (b) Ed D. James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1941 hour 11:05 minute A. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw ~~him~~ alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death —	Duration
Malignant Hypertension	
Uremia	
Due to Arteria Sclerosis generalized	
	unk
Due to arteria sclerotic nephritis	
Other conditions Myocarditis chronic (Include pregnancy within 3 months of death)	

Major findings:
Of operations 3/1/41
Of autopsy

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? 372
While at work? (Specify type of place) (e) Means of injury

23. Signature W. C. Brown (M. D. or other) O.D.S.
Address 621 Miss Bldg Date signed 5-3-41

(Licensed Embalmer's Statement on Reverse Side)

Joplin Mo.

41-6-511

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: David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.