No. 2
1-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18659

Registration District No. 668 Primary Registration District No. 3032 Registrar's No. 163

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 411 N. Hurley (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 38 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis 80
(c) City or town Sedalia (If outside city or town limits, write "RURAL") 6
(d) Street No. 411 N Hurley (If rural, give location) 5
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME James Wm McMillan
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 Widowed
6. (b) Name of husband or wife Gertrude McMillan 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased March (Month) 28 (Day) 1853 (Year)

8. AGE: Years	Months	Days	If less than one day
88	1	8	..... hr. ..... min.

9. Birthplace (City, town, or county) 1 Ohio (State or foreign country)
10. Usual occupation Retired Brick Mason
11. Industry or business
FATHER
12. Name John McMillan
13. Birthplace (City, town, or county) 7 Unk (State or foreign country)
MOTHER
14. Maiden name Langs Margaret Lanstaff
15. Birthplace (City, town, or county) 4 England (State or foreign country)
16. (a) Informant Mrs Chas Shoemaker
(b) Address Sedalia Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill
18. (a) Signature of funeral director McLaughlin Bros
(b) Address Sedalia
19. (a) 5/8/41 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th '41
year 41 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from visited body as Corner May 7, 1941, to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Valvular heart disease	
Due to Senility	
Due to 92 D	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ✓
Of autopsy None

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 3
23. Signature N T Bishop Corner (M. D. or other)
Address ..... Date signed 5-8-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 6-11-41
Date Filed

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia

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.