No. 2
1-10-39
17-39
X21492

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. 18666

Registration District No. 668 Primary Registration District No. 3032 Registrar's No. 154

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: Bothwell Hosp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (specify whether years, months or days)
In this community 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (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) 4
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Jonathan 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: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Apr. (Month) 2 (Day) 1860 (Year)
8. AGE: Years 81 Months 0 Days 27 If less than one day hr. min.
9. Birthplace: Mahoning Co (City, town, or county) / Ohio (State or foreign country)
10. Usual occupation: Merchant
11. Industry or business: Retired
FATHER 12. Name: John McMillan
FATHER 13. Birthplace: Steubenville (City, town, or county) / Ohio (State or foreign country)
MOTHER 14. Maiden name: Margaret Langstaff
MOTHER 15. Birthplace: England (City, town, or county) / (State or foreign country)
16. (a) Informant: Harry E McMillan
(b) Address: Sedalia Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Crown Hill
18. (a) Signature of funeral director: McLaughlin Bros
(b) Address: Sedalia
19. (a) 5/1/41 (Date received in registrar) (b) Mrs. Harry Snell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1941 hour 9 minute 00 P. M.
21. I hereby certify that I attended the deceased from April 15, 1941, to April 30, 1941; that I last saw him alive on April 30, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Encephalitis
Due to: Otitis media
Due to:
Other conditions: Chronic myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Gordon Ellerbach (M. D. or other) MD
Address: Sedalia Missouri Date signed 5-1-41

(Licensed Embalmer's Statement on Reverse Side)

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

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, above space should be left blank.