

FILED JUL 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21464

Registration District No. 208

Primary Registration District No. 4126

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Clinton County
(b) City or town Trimble, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
In this community 77 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25
(c) City or town Trimble, Missouri
(If outside city or town limits, write "RURAL") 0
(d) Street No. None
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th,
year 1941 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from July
1940, to June 16, 1941
that I last saw him alive on June 12, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death carcinoma of
Stomache

Due to _____
Due to _____ 46 f

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury _____
23. Signature J. F. Ruppel (M. D. or other) 0
Address Springville Mo. Date signed _____

3. (a) PRINT FULL NAME Easter Anna McMillian

3. (b) If veteran, name war None 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 John C. McMillian 6. (c) Age of husband or wife if alive NO years

7. Birth date of deceased July 12th, 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 4
If less than one day hr. _____ min.

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

10. Usual occupation House Keeping

11. Industry or business None

12. Name John Bledsoe

18. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Moore
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Dec. McMillian
(b) Address Trimble, Missouri

17. (a) Burial (b) Date thereof 6/18-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dearborn, Missouri

18. (a) Signature of funeral director Dezian Davis
(b) Address Dearborn, Missouri

19. (a) June 17, 41 (b) Lele Shackelford
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

