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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24319

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2858

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: The Children's Mercy Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 32 hours (Specify whether years, months or days)
In this community Same 0

2. USUAL RESIDENCE OF DECEASED: 042
(a) State Missouri (b) County 0
(c) City or town Deepwater 0 (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME George McMillin
3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 3 (Month) 24 (Day) 41 (Year)

8. AGE: Years | Months 4 | Days 5 | If less than one day hr. min.

9. Birthplace Clinton, Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business
MOTHER FATHER
12. Name George McMillin
13. Birthplace Deepwater, Mo 0 (City, town, or county) (State or foreign country)
14. Maiden name Esther Nichols
15. Birthplace Bird City, Kans (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Geo McMillin
(b) Address Deepwater, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-41 (Month) (Day) (Year)
(c) Place: burial or cremation Burial - Deepwater, Mo
18. (a) Signature of funeral director Tom Hunt
(b) Address Deepwater
19. (a) 7/29-41 (Date received local registrar) (b) M. M. McGowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 29 year 1941 hour 11 minute 55 P.M.
21. I hereby certify that I attended the deceased from July 29, 1941, to July 29, 1941; that I last saw him alive on July 29, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bilateral primary	
Due to Bronchopneumonia	
Due to 10/00	
Other conditions (Include pregnancy within 3 months of death) 10/	
Major findings: Of operations R	
Of autopsy Same	

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 W. S. Soderberg (M. D. or other) D
Address 1316 Prof Bldg Date signed July 29-41

(Licensed Embalmer's Statement on Reverse Side)

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 Tom Hurst

Licensed Embalmer No. 2782

P. O. Address Springfield 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.

S. No. 2B
M—R-21-41
X29288

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BUREAU OF THE CENSUS

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STANDARD CERTIFICATE OF DEATH

State File No. 24319

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2858

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

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County:
(c) City or town: Blue Water
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: George McMillen
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 9/11/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 29 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 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	
Due to	
Due to	
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)
(b) 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 (M. D. or other)
Address Date signed

SUPPLEMENTARY