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4-41
7-39
X26390

FILED SEP 12 1941

State File No. _____

Registration District No. 2

Primary Registration District No. 215

Registrar's No. _____

1. PLACE OF DEATH:

(a) County ANDREW CO
(b) City or town ST-JOSEPH-JEFFERSON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 RFD #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 YEARS (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ANDREW CO
(c) City or town ST-JOSEPH-JEFFERSON
(If outside city or town limits, write "RURAL")
(d) Street No. RFD #2 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

DAISY-MAY-McMILLAN

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Female

5. Color of hair Blk

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

6. (b) Name of husband or wife Mabilian McMillan

6. (c) Age of husband or wife if 64 years

7. Birth date of deceased Aug 14 1888

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

53

0

0

hr.

min.

9. Birthplace

MO

MO

(City, town, or county)

(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name John Deley

13. Birthplace MO

(City, town, or county)

(State or foreign country)

14. Maiden name Clara Ann Young

15. Birthplace MO

(City, town, or county)

(State or foreign country)

16. (a) Informant Mabilian McMillan

(b) Address St Joseph

17. (a) burial (b) Date thereof Aug 18 1941

(Burial, cremation, or removal)

(Month)

(Day)

(Year)

(c) Place: burial or cremation Staugway - MO

18. (a) Signature of funeral director Joseph Mc

(b) Address St Joseph MO

19. (a) Aug 16 41 (b) Arthur Holcomb

(Date received local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14
year 1941 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from Oct 2 1940 to Aug 10 1941.
that I last saw her alive on Aug 10 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma Cerv. uter
(Primary)

Duration

?

Due to _____

Due to _____

Other condition Sept. Chl - HD

(Include pregnancy within 3 months of death)

Major findings: Chl depend

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? _____

While at work _____ (Specify type of place)

(e) Means of injury ①

23. Signature Joseph McMillan (M. D. or other) _____
Address St Joseph MO Date signed 8/17/41

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

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.....
August 14, 1941....., Registered Apprentice No.....
working under my personal supervision.

Signed John H. Hurley

Licensed Embalmer No. 4050

P. O. Address St. Joseph, 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.