

**FILED OCT 21 1941**  
73

Registration District No. **73**

Primary Registration District No. **3006**

Registrar's No. **252**

1. PLACE OF DEATH:

(a) County **BOONE**  
(b) City or town **Columbia**  
(c) Name of hospital or institution: **NOYES HOSPITAL**  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone**  
(c) City or town **Columbia**  
(d) Street No. **817 Grand**  
(e) Citizen of foreign country? **yes No**

3. (a) PRINT FULL NAME **Patricia Jean Mills**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **child**

6. (b) Name of husband or wife **child** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **May 30 1935**

8. AGE: Years **6** Months **3** Days **12** If less than one day hr. min.

9. Birthplace **Mexico** (City, town, or county) **MOB** (State or foreign country)

10. Usual occupation **Child**

11. Industry or business \_\_\_\_\_

12. Name **Landon Mills**

13. Birthplace **Springfield** (City, town, or county) **MO** (State or foreign country)

14. Maiden name **Julia Glover**

15. Birthplace **Odessa** (City, town, or county) **MO** (State or foreign country)

16. (a) Informant **Landon Mills** (b) Address **Columbia MO**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **9-14-41** (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **A. P. Hillett** (b) Address **Columbia, Mo.**

19. (a) **9/13/41** (Date received local registrar) (b) **Ellie Selby** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **12<sup>th</sup>** year **1941** hour **7.30** minute **A** M.

21. I hereby certify that I attended the deceased from **Sept 1** 1941 to **Sept 12** 1941; that I last saw **her** alive on **Sept 11** 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: **Terminal Bronch**  
**Pneumonia**  
Due to **Aluemic Leucemia**  
**following**  
Due to **Acute Rheumatic fever**

Duration  
**1 day**  
**3 wks**  
**2 mo**

Other conditions \_\_\_\_\_  
Major findings: Of operations **N/A**  
Of autopsy **above**

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 **[Signature]** (M. D. or other) \_\_\_\_\_  
Address **205 E. 11th St** Date signed **9/12/41**

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, ~~on~~.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*Lynard H. Sprinkle*

Licensed Embalmer No. *4013*

P. O. Address

*Columbia, 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.**