

Registration District No. 668

Primary Registration District No. 9032

80  
66  
4  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 213 E. Morgan  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 13 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 80  
(c) City or town Sedalia 6  
(If outside city or town limits, write "RURAL")  
(d) Street No. 213 E Morgan 5  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARY E. MILLS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race Negro 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife Ben Mills 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept 29 1886  
(Month) (Day) (Year)

8. AGE: Years 55 Months 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Speed Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Private Family

12. Name Ben Gillum

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Marta Williams

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Letha Jones

(b) Address Sedalia

17. (a) Sedalia (b) Date thereof Oct 20, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia Mo

18. (a) Signature of funeral director F. D. Ferguson

(b) Address Sedalia

19. (a) 10-18-41 (b) Mrs. Harry Sneed  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16 year 1941 hour 11 minute 45 a.m.

21. I hereby certify that I attended the deceased from Oct 11 to Oct 16 1941  
that I last saw her alive on Oct 16 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chronic  
Due to arterio sclerosis

Due to hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(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 0

23. Signature W. C. Bestmeyer (M. D. or other) Address Sedalia Mo Date signed 10/18/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

FEB 27 1957

RECEIVED  
District Health Officer No. 8,  
District File Number 11-7-41  
Date Filed

**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 F. D. Ferguson

Licensed Embalmer No. 2172

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, fact should be so stated above.**