

DEC 15 1941

State File No.

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 881

1. PLACE OF DEATH:

(a) County **GREENE**  
(b) City or town **Springfield**  
(c) Name of hospital or institution: **513 G. Monroe**  
(d) Length of stay: In hospital or institution.  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Christian**  
(c) City or town **Sparta**  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? **no**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **MOLLIE S. MILLS.**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **Dec. 10 - 1867**  
7. Birth date of deceased **June 10 - 1867**  
(Month) (Day) (Year)

8. AGE: Years **74** Months **4** Days **24** If less than one day hr. min.

9. Birthplace **Unknown Tennessee**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife Day home**

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

MOTHER FATHER  
12. Name **Unknown**  
13. Birthplace **Unknown Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Fred Hazubert**

(b) Address **#3 Springfield, Mo.**  
17. (a) **Burial** (b) Date thereof **Nov. 6, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **W. H. Hines**

(b) Address **Springfield, Mo.**

19. (a) **Nov 6 - 1941** (b) **W. E. Handley**  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **4**  
year **1941** hour **6** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **Nov 4** 19**41** to **Nov 4** 19**41**;  
that I last saw h. or alive on **Nov 4** 19**41**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Bright's disease of kidneys**  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **None**

Of autopsy **no**

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? **Springfield**  
(City) (Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? **no** (Specify type of place) (e) Means of injury \_\_\_\_\_

Signature **W. E. Handley** (M. D. or other)

Address **Springfield Mo** Date signed **11/5/41**

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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*J.B. Klingner*

Licensed Embalmer No. *3358*

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.**