

FILED FEB 16 1942

Registration District No. 604

Primary Registration District No. 5809

Registrar's No. 18

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

1. PLACE OF DEATH:

(a) County NEWTON W. Benton Co  
(b) City or town GOODMAN RURAL  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: ROUTE TWO  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON  
(c) City or town GOODMAN RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. ROUTE TWO  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Murray Mills

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

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mary Mills 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased MAY 12 1848  
(Month) (Day) (Year)

8. AGE: Years 93 Months 7 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation FARMER

11. Industry or business RETIRED

MOTHER { 12. Name Not Known 7  
13. Birthplace Not Known 7  
(City, town, or county) (State or foreign country)  
14. Maiden name Not Known  
15. Birthplace Not Known 7  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Hal Brown

(b) Address Goodman Mo Rt 2

17. (a) REMOVAL (b) Date thereof JAN 29 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation KANSAS CITY, MO

18. (a) Signature of funeral director W. B. Bigham

(b) Address NEOSHO MISSOURI

19. (a) 1-27-42 (b) Barley Thompson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 27  
year 1942 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from JAN. 27 1942 to \_\_\_\_\_ 19\_\_\_\_  
that I last saw him alive on Jan. 27 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death General thrombosis  
Complete occlusion  
of right femoral artery  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Major findings: Of operations 940  
Of autopsy \_\_\_\_\_

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) (d) Means of injury 0

23. Signature C. E. Maness, M.D. (M. D. or other) MD  
Address NEOSHO MO Date signed 1/27/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 242-249

Date Filed FEB 13 1942

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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 Ogle Stone Jr.  
Licensed Embalmer No. 4176  
P. O. Address Neosho 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.**