

FILED APR 13 1942

Registration District No. 201

Primary Registration District No. 3012

Registrar's No. 25

1. PLACE OF DEATH:

(a) County CLAY
(b) City or town Liberty town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 mo. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County CLAY
(c) City or town Liberty
(If outside city or town limits, write "RURAL")
(d) Street No. 20 N. LEONARD
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas LeRoy Millard

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

4. Sex M 5. Color or race wh 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JAN. 18 1942
(Month) (Day) (Year)

8. AGE: Years 0 Months 1 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name John Fred Millard

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

14. Maiden name STELLA JANE TYLER

15. Birthplace TEXAS Co. MO.
(City, town, or county) (State or foreign country)

16. (a) Informant FRED MILLARD

(b) Address Liberty, Mo.

17. (a) BURIAL (b) Date thereof MAR 16 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview, Liberty, Mo.

18. (a) Signature of funeral director Church, Co. Mo.

(b) Address 111 W. State, Liberty, Mo.

19. (a) 3-16-42 (b) Allen Early
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR 15 day 15
year 1942 hour 6:15 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 18
1942, to March 15 1942,
that I last saw him alive on March 15 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Poliomyelitis Duration 24 hrs.

Due to _____

Due to _____

Other conditions 36
(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) _____

(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 M.P. Schumacher (M. D. or other) M.D.

Address Liberty Mo. Date signed 3-16-42

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

at File Number ~~.....~~

Date Filed 4-10-42

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 Sam D. Church

Licensed Embalmer No. 3286

P. O. Address Liberty, 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.