

FILED SEP 14 1942
Registration District No. **746 749**

Primary Registration District No. **5-9-2 4450**

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

1. PLACE OF DEATH:
(a) County **Reynolds**
(b) City or town **Rural: Lesterville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 1/2 miles North of Lesterville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Reynolds**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **1 1/2 miles North of Lesterville**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Mary Jane Mills**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **15**
year **1942** hour **3** minute **00** P. M.
21. I hereby certify that I attended the deceased from **March 1, 1942** to **April 15, 1942**
that I last saw her alive on **April 14, 1942**
and that death occurred on the date and hour stated above.

4. Sex **fem** / race **white**
5. Color or race **white**
6. (a) Single, widowed, married, divorced, **widowed**
6. (b) Name of husband or wife **John D. Mills**
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **June 5, 1880**
(Month) (Day) (Year)

Immediate cause of death.....
Pulmonary Tuberculosis
Due to.....
Due to.....
Other conditions (include pregnancy within 3 months of death)
13 R 1

8. AGE: Years Months Days If less than one day
61 10 10 hr. min.
9. Birthplace **Lesterville Mo.**
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
Underline the cause to which death should be charged statistically.

10. Usual occupation **at home**
11. Industry or business.....
12. Name **Harrison Weeks**
13. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)
14. Maiden name **Nancy Sutherland**
15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

MOTHER FATHER {
16. (a) Informant **Harrison Mills**
(b) Address **Lesterville Mo.**
17. (a) **burial** (b) Date thereof **4-16-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Lesterville Mo.**
18. (a) Signature of funeral director **Norman White & Sons**
(b) Address **Ironton Mo.**
19. (a) **April 15/1942** (b) **Max Ray Wellington**
(Date received local registrar) (Registrar's signature)

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 **G. M. Fitzpatrick** (M. D. brother)
Address **Lesterville Mo.** Date signed **4/17/42**

RECEIVED
District Health Officer No. 5,
District File Number 942729
Date Filed 9-11-42

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.....

was not embalmed

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

working under my personal supervision.

Signed..... *Paul J. White*

Licensed Embalmer No. *3012*

P. O. Address..... *Frontier Ave*

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.