

FILED OCT 9 1942

State File No.

Registration District No.

Primary Registration District No. 5377

Registrar's No. 46

1. PLACE OF DEATH:

(a) County DE KALB. (GRANT TWP)
(b) City or town MAYSVILLE (RURAL)
(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 50 yrs. years, months or days)

3. (a) PRINT FULL NAME OLLIE AMELIA Mc MILLIN

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

4. Sex FEMALE 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife W. N. Mc MILLIN 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased DEC. 14 1869 (Month) (Day) (Year)

8. AGE: Years 92 9 Months 9 Days If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name JOHN J. LEE

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

14. Maiden name MARY ANN CALVERT

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

16. (a) Informant JOHN A. Mc MILLIN

(b) Address 2401 1/2 St. No.

17. (a) BEN J. LEE (b) Date thereof 9-23-42 (Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation GARDEN GROVE CEMETERY, MAYSVILLE, MO.

18. (a) Signature of funeral director W. C. TUCKER, FUNERAL HOME

(b) Address MAYSVILLE, MO.

19. (a) 9-23-42 (b) [Signature] (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County DE KALB.
(c) City or town MAYSVILLE (RURAL)
(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 21 year 1942 hour 3 minute 35 P.M.

21. I hereby certify that I attended the deceased from July 13th 1942 to Sept 21, 1942 that I last saw him alive on Sept 20, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death carcinoma of urinary bladder

Due to. Due to.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations carcinoma 52 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

23. Signature [Signature] (M. D. or other) Address Maysville Mo Date signed 9/21/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

C. P. Parker

Licensed Embalmer No.

3960

P. O. Address.....

Dayville 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.