

S. No. 2
-9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41206

State File No.

FILED JAN - 6 1942

Registration District No. Primary Registration District No. - 3039 3038 Registrar's No. 48

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

1. PLACE OF DEATH:
(a) County Dinn
(b) City or town Brookfield
(c) Name of hospital or institution: McLainey Hospital
(d) Length of stay: In hospital or institution 18 hrs
In this community 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Dinn
(c) City or town Marceline
(d) Street No. E Bistec
(e) Citizen of foreign country? (Yes or No) 0

3. (a) PRINT FULL NAME Danny Excell Milam
3. (b) If veteran, name war 3. (c) Social Security No. *

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 23
year 1942 hour 1 minute 13 P.

4. Sex male 5. Color or race white 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 Sept 9 1925

21. I hereby certify that I attended the deceased from Dec. 22 1942 to Dec. 23 1942
that I last saw him in alive on Dec. 23 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 7 Months 3 Days 14 If less than one day hr. min.

Immediate cause of death fire burn Duration

9. Birthplace Marceline Mo
10. Usual occupation at Home

Due to gasolene explosion
Due to pouring gasolene on a fire from a gasolene can

11. Industry or business
12. Name Lawson Milam
13. Birthplace Humbolt Nebraska
14. Maiden name Ella A Cooper
15. Birthplace Brook Nebr

Other conditions none
Major findings: Of operations none
Of autopsy none

16. (a) Informant Mrs Ella Milam
(b) Address 112 E. Bistec
17. (a) Burial (b) Date thereof Dec 27 1942
(c) Place: burial or cremation in Olivet

PHYSICIAN
Underline the cause to which death should be charged statistically.
180-1
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18. (a) Signature of funeral director James M Langhlin
(b) Address Marceline Mo
19. (a) 12-28-1942 (b) H W Cowan

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Dec. 22
(c) Where did injury occur? at his home, Marceline, Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? outside of home in yard

While at work? playing (Specify type of place) accident
(e) Means of injury
23. Signature W. V. Patrick (M. D.)
Address Marceline, Mo Date signed

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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 *Blanche M. Langhlin*

Licensed Embalmer No. *1909*

P. O. Address *Marceline 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.