

FILED JAN 12 1943

Registration District No. 328

Primary Registration District No. 6112

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

1. PLACE OF DEATH:

(a) County **Scott**

(b) City or town **Chaffee-R.F.D.#2**
(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 **43 years**
(Specify whether years, months or days)

In this community **43 years**

3. (a) PRINT FULL NAME **John Henry 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 **Married**

6. (b) Name of husband or wife **Emma Mills**

6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **March 8- 1879**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	9	20	hr. min.

9. Birthplace **Carthage Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Minister**

11. Industry or business **Church work**

MOTHER FATHER

12. Name **no record**

13. Birthplace **no record**
(City, town, or county) (State or foreign country)

14. Maiden name **no record**

15. Birthplace **no record**
(City, town, or county) (State or foreign country)

16. (a) Informant **Henry Mills**

(b) Address **Chaffee Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12-30-42**
(Month) (Day) (Year)

(c) Place: burial or cremation **Rockview Cem. Rockview**

18. (a) Signature of funeral director **W. O. Jones** Mo.

(b) Address **111 Yoakum-Chaffee Missouri**

19. (a) **Dec 30th 1942 Mrs. A. H. Jones**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Scott**

(c) City or town **Chaffee Mo. R. F. D. #2**
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **28**
year **1942** hour **130** minute **0** M.

21. I hereby certify that I attended the deceased from **July 4**, 1942 to **Dec 28**, 1942
that I last saw him alive on **Dec 27**, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary Embolism** 6 mos
Chronic Cardiac Disease
Chronic Myocarditis

Due to **Chronic Cardiac Disease**

Due to **Chronic Myocarditis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **938**

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 **W. O. Jones** (M.D. or other)

Address **Chaffee Mo** Date signed **12/30/42**

RECEIVED

District Health Office No. 2,

District File Number 143-69

Date Filed 1-7-43

MAR 17 1943

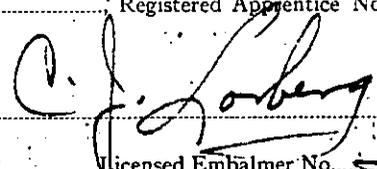
STATEMENT BY LICENSED EMBALMER

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.....



..... Licensed Embalmer No. 3810

..... P. O. Address Cape Girardeau, 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.