S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 15 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13615

Registration District No. 18 Primary Registration District No. 5073 Registrar's No.

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Westpoint twp.
(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
In this community 67 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bates
(c) City or town Just outside limits of Amsterdam
(If outside city or town limits write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME James Walter Mills
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 13 (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
78	5	25	hr. min.

9. Birthplace Warren Co. (City, town, or county) Ohio (State or foreign country)
10. Usual occupation retired farmer
11. Industry or business

FATHER
12. Name Hiram Mills
13. Birthplace Warren Co. (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Elizabeth McDonald
15. Birthplace Warren Co. (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs Alice Good
(b) Address Amsterdam Missouri
17. (a) removal (Burial, cremation, or removal) (b) Date thereof Apr. 11-43 (Month) (Day) (Year)
(c) Place: burial or cremation New Lancaster
18. (a) Signature of funeral director Archer & Mangold
(b) Address Amsterdam Mo.
19. (a) 4-10-43 (Date received local registrar) (b) L. L. Mangold (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1943 hour 2:50 minute P. M.

21. I hereby certify that I attended the deceased from September 3, 1943, to April 8, 1943; that I last saw him alive on April 7, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Lobar Pneumonia And	15 Days
Pericarditis (Probably Acute & Suppurative)	3 Days
Due to Chronic Rheumatic Myocarditis	1 yr.
Due to Prostatitis	15 yrs.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. H. Schubert (M. D. or other) DO
Address Amoret, Missouri Date signed 4-10-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 4-43-451
Date Filed 5-14-43

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~~ XX .....
....., Registered Apprentice No. .....,
working under my personal supervision.

Signed L. A. Mangold

Licensed Embalmer No. 3610

P. O. Address Amsterdam 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, above space should be left blank.