

FILED APR 23 1943

Registration District No. 29

Primary Registration District No. 3008

14
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Calloway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital no. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Mos. 5 days
In this community 5-month 5 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Prairie Home
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME DORA H. MILLS

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Ed Mills 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Dec 9 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 1 If less than one day hr. min.

9. Birthplace Howard Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business
12. Name Reuben Long
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Krause
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Records

(b) Address State Hospital

17. (a) Removal (b) Date thereof April 10-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W.B. Lyuk Grove

18. (a) Signature of funeral director L.J. Mearns

(b) Address Boonville Mo

19. (a) 4-10-1943 (b) Joan Morankoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1943 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from April 9
1943 to April 10 1943
that I last saw her alive on April 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myo carditis 24hr

Due to

Due to

Other conditions Generalized arterio
(include pregnancy within 3 months of death) sclerosis
Major findings: 93e!
Of operations

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) (e) Means of injury

23. Signature R.P. Reese (M. D. or other) MD
Address Fulton Mo Date signed 4/10/43

JUN 1 1943
APR 23 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..... *C. Feland*

Licensed Embalmer No. *1299*

P. O. Address *Higbee, 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.