

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Dr. Musick  
Med. ant.

14365

FILED APR 28 1943

State File No. \_\_\_\_\_  
Registrar's No. 287

Primary Registration District No. 2000

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

1. PLACE OF DEATH:  
(a) County: GREENE  
(b) City or town: Springfield, Mo.  
(c) Name of hospital or institution: 1406 Prairie  
(d) Length of stay: In hospital or institution: 16 years  
In this community: 16 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State: MO (b) County: Greene  
(c) City or town: Springfield 6  
(d) Street No.: 1406 Prairie  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: William H. Millard  
(b) If veteran, name war: no  
(c) Social Security No.: no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Apr day 10th year 1943 hour 1 minute 30 A.M.

4. Sex: m  
5. Color or race: white  
6. (a) Single, widowed, married, divorced: Widower  
6. (b) Name of husband or wife: Unknown  
6. (c) Age of husband or wife if alive: 25 years  
7. Birth date of deceased: Dec 25 1874

21. I hereby certify that I attended the deceased from 4, 9, 43 to 4, 10, 43 that I last saw him alive on 4, 9, 43 and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 3 Days 15

Immediate cause of death: Endocarditis  
Duration: 92 d.

9. Birthplace: Taney Co Mo

10. Usual occupation: Retired Farmer

11. Industry or business: none

MOTHER FATHER  
12. Name: James Millard  
13. Birthplace: Unknown Mo  
14. Maiden name: Jane Hyde  
15. Birthplace: Dallas Co Mo

16. (a) Informant: Nancy Happers  
(b) Address: 1406 Prairie

17. (a) Burial (b) Date thereof: 4-14-43  
(c) Place: burial or cremation: Fairview

18. (a) Signature of funeral director: W. Dunn  
(b) Address: 629 W Walnut

19. (a) 4-13-43 (b) W. E. Handley

Other conditions: \_\_\_\_\_  
Major findings: \_\_\_\_\_  
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? \_\_\_\_\_  
23. Signature: J. Musick  
Address: Springfield, Mo. Date signed: 4.12.43

984

W

**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 J.W. Maples

Licensed Embalmer No. 2985-

P. O. Address Chaver 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.