

No. 2
5-42
17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27518**

FILED SEP 4 1943

Registration District No. **28**

Primary Registration District No. **5099**

Registrar's No. **6**

1. PLACE OF DEATH:

(a) County **Bates**

(b) City or town **RFD Anoret Mo. Walnut 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 **6 months.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town **Walnut Twp.**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Peter Mills**

3. (b) If veteran, name war **X**

3. (c) Social Security No. **X**

4. Sex **Male**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **X**

6. (b) Name of husband or wife **X**

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

7. Birth date of deceased **no record**
(Month) (Day) (Year)

8. AGE: Years **65** Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation **farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Eli Mills**

13. Birthplace **X 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 **Frank Stiffler**

(b) Address **Pleasanton Kansas**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8/17/43** (Month) (Day) (Year)

(c) Place: burial or cremation **sway-back cemetery Booths**

18. (a) Signature of funeral director _____ (b) Address **Butler Missouri**

19. (a) **Aug 19** (Date received local registrar) (b) **Doris Ethel Goodenough** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **13** year **1943** hour **5** minute **30 P.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Occlusion

Due to **Chr. Myocarditis**

Due to **93d**

Other conditions _____ (Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: Of operations **Died suddenly without medical attention.**

Of autopsy _____

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 **August 13th/1943**

(c) Where did injury occur? **on farm Bates Co** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? **yes** (Specify type of place) (e) Means of injury **Coronary Occlusion**

23. Signature **John H. Underwood** (M. or D. or O. or N. or P. or C. or S. or J. or L. or E. or A. or G. or F. or I. or O. or U. or V. or W. or X. or Y. or Z.)
Address **Butler Mo.** Date signed _____

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

to
4 weeks
- 1927

RECEIVED

District Health Officer No. 7,

District File Number

8-43-877

Date Filed

9-3-43

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

John G Underwood

Licensed Embalmer No.

3585

P. O. Address

Butler MD

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.