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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

LED OCT 4 - 1943
Registration District No. 282

Primary Registration District No. 5970

Registrar's No. 34

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

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Rural
(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 most of life (Specify whether years, months or days)

3. (a) PRINT FULL NAME George 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 Margaret 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased October 19 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 11 14 hr. 8 min.

9. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name William Mills

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Little

15. Birthplace not known 7
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Mills

(b) Address Clifton Mo

17. (a) Burial (b) Date thereof Sept 9 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem

18. (a) Signature of funeral director Glutcheson Co

(b) Address Bolivar Missouri

19. (a) Sept 8 1943 (b) Alice Palmer
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3rd
year 1943 hour 10:30 minute _____ P.M.

21. I hereby certify that I attended the deceased from Jan 43
to Sept 3 1943
that I last saw him alive on Sept 3 1943
and that death occurred on the date and hour stated above.

Immediate cause of death acute heart failure 1 day

Due to chronic hepatitis 3 yrs
myocarditis

Due to _____

Other conditions (include pregnancy within 3 months of death) 93d

Major findings: Of operations _____

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 St Milleran (M. D. or other)
Address Bolivar Mo Date signed 9/8-1943

RECEIVED

District Health Officer No. 7,

District File Number

9-43-953

Date Filed

10-2-43

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.....

.....
working under my personal supervision.

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

Signed.....

.....
Licensed Embalmer No. 3756

P. O. Address.....
Bellevue, 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.