

State File No. \_\_\_\_\_

Registrar's No. 1177

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town Saint Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1322 North 4th Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Thirty years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town Saint Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1322 N 4th Street  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Harriet E. Milbourn

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 500-07-6429

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wm. J. Milbourn 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased March 19, 1913  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
30 6 26 hr. \_\_\_\_\_ min.

9. Birthplace Fureka Springs, Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Thomas Gayler

13. Birthplace Unknown Arkansas  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Johns

15. Birthplace Nodaway County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. J. Milbourn

(b) Address 1322 North 4th St.

17. (a) Burial (b) Date thereof October 14, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Thos E. P. Sidenfaden

(b) Address 602 South 10th St.

19. (a) 10-13-43 (b) Ree J. J. J. J.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day 28 Year 1943 Hour 2:00 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Sept 28, 1943, to Oct 12, 1943, that I last saw her alive on Oct 8th, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Herpex Duration ?

Due to Chromi myosarcoma?

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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 \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(c) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature Leroy Beck (M. D. or other) Ray Hill Date signed 10/13/43

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

MOTHER FATHER

1283

St. Joseph Mo

JUN 22 1944

---

---

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 *Mollie E. Sidenfaden* *Fla*

Licensed Embalmer No. *4235*

P. O. Address *St. Joseph, 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.**