S. No. 2
M—2-43
5-17-39
I X35892

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. F 35771

FILED OCT 19 1943

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 2274

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town R. IV.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. MARYS O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County LINCOLN 51

(c) City or town ELSBERRY
(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 /

3. (a) PRINT FULL NAME FRANCIS MILLS

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced O

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

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

7. Birth date of deceased OCTOBER (Month) 27 (Day) 1932 (Year)

8. AGE: Years 10 Months 11 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace TAYLORVILLE (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation STUDENT

11. Industry or business SCHOOL

FATHER
12. Name WILLIS MILLS
13. Birthplace MATTOON (City, town, or county) ILLINOIS (State or foreign country)

MOTHER
14. Maiden name LUCY HAMIRE
15. Birthplace WINFIELD (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Mrs. Lucy Mills
(b) Address Elsberry Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof OCT. (Month) 10 (Day) 1943 (Year)
(c) Place: burial or cremation ELSBERRY MO.

18. (a) Signature of funeral director W D Bradley
(b) Address Elsberry Mo.

19. (a) OCT 9 - 1943 (Date received local registrar) (b) C. D. McLaren, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7
year 1943 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Oct 6, 1943 to Oct 7, 1943
that I last saw him alive on Oct 7, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Abscess of Brain

Due to .....

Due to .....

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

Major findings:
Of operations Same

Of autopsy .....

Duration

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature [signature] (M. D. or other) M.D.

Address 4952 Maryland Date signed 10/8/43

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(Licensed Embalmer's Statement on Reverse Side) St Louis, Mo.

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 William T Hirons

Licensed Embalmer No. 4319

P. O. Address St Louis 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.