

FILED NOV 18 1943

Registration District No. 58

Primary Registration District No. 4088

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Caretr
(b) City or town Ellsinore
(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 1
(Specify whether years, months or days) 60 Yrs

3. (a) PRINT FULL NAME Virginia Palistine Mills

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased Aug 10 1853
(Month) (Day) (Year)

8. AGE: Years 90 Months 2 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Clay County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER { 12. Name S.T. Hale
13. Birthplace Ken.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Rogers
(b) Address Ellsinore Mo.

17. (a) Burial (b) Date thereof 10-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Whites Mill

18. (a) Signature of funeral director Phil A. Leuckel

(b) Address Van Buren Mo.

19. (a) Oct 11 - 1943 (b) ms R J Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carter 018
(c) City or town Ellsinore 0
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10
year 1943 hour 11 minute 08 P M.

21. I hereby certify that I attended the deceased from I visited this patient October 9th, found her moribund-No treatment-
and that death occurred on the date and hour stated above.

Immediate cause of death General arterio-sclerosis, with infirmities of age.

Due to _____

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 _____
(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 J. W. Cotton (M. D. or other) _____
Address Van Buren Date signed 10/12

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 10-10-43

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... Philip A. Leuchel
Licensed Embalmer No..... 2936
P. O. Address..... Van Buren Ind

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.