No. 2
1—2-43
5-17-39
I X35597

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

38191

State File No. .....

FILED DEC 13 1943

Registration District No. 28

Primary Registration District No. 5450

Registrar's No. 99

1. PLACE OF DEATH:

(a) County: Gentry - Miller Twp.

(b) City or town: Gentryville
(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 ..... (Specify whether years, months or days)
In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Gentry 38

(c) City or town: Gentryville
(If outside city or town limits, write "RURAL")

(d) Street No.: Miller Twp
(If rural, give location)

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

3. (a) PRINT FULL NAME: John Randolph McMillen

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: Effie Hawkins

6. (c) Age of husband or wife if alive: 67 years

7. Birth date of deceased: February (Month) 12 (Day) 1874 (Year)

8. AGE: Years 69 | Months 9 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace: Gentryville (City, town or county) Mo. (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: .....

FATHER
12. Name: C. J. McMillen
13. Birthplace: — (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name: Sarah Elizabeth Karriker
15. Birthplace: Cameron (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Sally McMillen
(b) Address: Albany, R 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/19/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Berlin

18. (a) Signature of funeral director: Clifford Burke
(b) Address: Albany Mo

19. (a) Nov. 18 - 1943 (Date received local registrar) (b) Homer H. Webster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 16
year: 1943 hour: 9 minute: P.M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19..... that I last saw him alive on Found dead after death 19..... and that death occurred on the date and hour stated above.

Immediate cause of death: Angina Pectoris — Duration: 6 years

Due to: /

Due to: .....

Other conditions (Include pregnancy within 3 months of death): 94 P

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury: 2

23. Signature: Jack A. Barnes (M. D. or other) Do
Address: Lamar City Mo Date signed: 11/16/43
Henry Co. Coroner

1108 (Licensed Embalmer's Statement on Reverse Side)

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 Me

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

working under my personal supervision.

Signed C. Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany 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.