S. No. 2
0M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1944

Registration District No. 20

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5081

State File No. 41513

Registrar's No. 15

1. PLACE OF DEATH:
(a) County BATES
(b) City or town Rural, East Boone Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Not in hospital. At Home. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Does not apply. (Specify whether
In this community Life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County Bates. 7
(c) City or town Rural, East Boone Twp. 8
(If outside city or town limits, write "RURAL")
(d) Street No. 12 Mi. N/W. Adrian, Mo.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 9
If yes, name country

3. (a) PRINT FULL NAME LILLIS ANN MILLS.

3. (b) If veteran, name war None.

3. (c) Social Security No. None.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife none.

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

7. Birth date of deceased January (Month) 17 (Day) 1941. (Year)

8. AGE: Years 2 Months 11 Days 6 If less than one day hr. min.

9. Birthplace Butler (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation At home.

11. Industry or business At home.

MOTHER FATHER
12. Name Maxwell Mills.
13. Birthplace Cass County, (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name Olive Dawson.
15. Birthplace Cass County, (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant Mrs. Maxwell Mills.
(b) Address Drexel, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/43. (Month) (Day) (Year)
(c) Place: burial or cremation Sharon Cemetery.

18. (a) Signature of funeral director [illegible]
(b) Address Drexel, Missouri.

19. (a) 12/24/43. (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23
year 1943 hour 6 minute 25 A.M.

21. I hereby certify that I attended the deceased from Dec. 21, 1943, to Dec. 23, 1943
that I last saw her alive on Dec. 23, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, following influenza — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 330

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

23. Signature E. E. Robinson (M. D. or other)
Address Adrian, Mo. Date signed 12-24-43

(Licensed Embalmer's Statement on Reverse Side)

259

JAN 18 1944

RECEIVED
District Health Office No. 7
Number 12-43-1465
1-7-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed ~~by me, or by~~ .....

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

~~working under my personal supervision~~.

Signed .....

Licensed Embalmer No. 1950

P. O. Address Drexel 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.