

FILED JAN 4 1943  
Registration District No. 42

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

Primary Registration District No. 1000

Registrar's No. 1326

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri Methodist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 weeks  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5329 Lake Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lena Cook McMillen

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Thomas A. McMillen 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased October 31 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 0 22 hr. min.

9. Birthplace Leavenworth Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name John Hughes

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

14. Maiden name Ellen Thorp

15. Birthplace Leavenworth Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Ellen McBride, (Daughter)

(b) Address 5329 Lake Ave., St. Joseph, Mo.

17. (a) Removal (b) Date thereof 11/27/1943  
(Social, migration, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belmont Cemetery, Wathena

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Farnon St. St. Joseph, Mo.

19. (a) 11-27-43 (b) Arle Heitz  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23rd,  
year 1943 hour 12:10 minute P. M.

21. I hereby certify that I attended the deceased from Oct 31 1943 to Nov 23 1943

that I last saw him or alive on Nov. 23 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Surgical Shock Duration 5-10 min

Due to open reduction

Due to Fracture (supra-condylar) of r. femur

Other conditions arterio-sclerosis  
(Include pregnancy within 3 months of death)

Major findings: Badly comminuted supra-condylar fracture PHYSICIAN \_\_\_\_\_  
Of operations \_\_\_\_\_ Underline the cause to which death should be charged statistically.  
Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Oct 31 1943 1:31

(c) Where did injury occur? St. Joseph, Buch., Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
about her home

While at work? yes (Specify type of place) (e) Means of injury fall from porch

23. Signature S. T. Bloomer (M. D. or other) M. D.

Address 1218 N. 3rd St. Date signed 11/23/43

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

MOTHER FATHER

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**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..... *Albert C. Harrington* .....

Licensed Embalmer No..... **3258 Missouri** .....

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

**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.**