

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED FEB 10 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1603

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 422

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2001 Wabash 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community about 20 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2001 Wabash (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES GARFIELD MILLS

3. (b) If veteran, name war No 3. (c) Social Security No. 495-08-2264

4. Sex male 5. Color or race negro 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Florence Lee Mills 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Nov. 18 1890 (Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Palentine Texas (City, town, or county) (State or foreign country)

10. Usual occupation machinist

11. Industry or business _____

MOTHER FATHER { 12. Name Green Mills
13. Birthplace Texas (City, town, or county) (State or foreign country)
14. Maiden name Emma Jackson
15. Birthplace Texas (City, town, or county) (State or foreign country)

16. (a) Informant Florence Lee Mills
(b) Address 2001 Wabash

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 28, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery N.C. Mo

18. (a) Signature of funeral director Fannie D. Reed
(b) Address 1708 E. 18th St. Kansas City, Mo.
19. (a) Jan 25 - 1944 (b) J. Brown (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24 year 1944 hour 5 minute 1 M.
21. I hereby certify that I attended the deceased from Jan 17 1944 to Jan 24 1944 that I last saw him alive on Jan 24 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pneumonia Duration 5 days

Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Arthur P. ... (M. D. or other) MD
Address 2934 ... Date signed 1-28-44

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

Signed Fannie L. Meek
Licensed Embalmer No. 3818
P. O. Address Kansas City, 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.