

No. 2
5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10523

FILED APR 13 1945

State File No.

Registration District No. 46

Primary Registration District No. 5151

Registrar's No. 21

1. PLACE OF DEATH:

(a) County CHADWELL (KIDDERTWP)

(b) City or town KIDDER (RURAL)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 WEEKS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County DEKALB

(c) City or town FAIRPORT, MO
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME WILLIAM M. MILLIN

3. (b) If veteran, name war:

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 2
year 1944 hour 12 minute 25 a.m.

4. Sex M 5. Color or Race W

6. (a) 2 Single, widowed, married, divorced W

6. (b) Name of husband or wife OLLIE M. MILLIN

6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased DEC 19 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 1 1944 to March 1 1944
that I last saw him alive on March 1 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

79 2 13 hr. min.

Immediate cause of death Ischemic nephrosis

Duration 3 years

9. Birthplace DEKALB Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 131a

11. Industry or business

12. Name NATHANIEL M. MILLIN

13. Birthplace NEW YORK
(City, town, or county) (State or foreign country)

14. Maiden name HANNAH FITZMAN

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

PHYSICIAN

Major findings: Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Octa Bell

(b) Address Kidder RFD

17. (a) REMOVED (b) Date thereof 3-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial GRACELAND CEMETERY MO

18. (a) Signature GRACER FUNERAL HOME

(b) Address MAVSVILLE, MO

19. (a) Mar 6 1945 (b) Caroline Garrett
(Date received local registrar) (Registrar's signature)

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?

(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 0

23. Signature A. O. Gueland (M. D. or other) MD

Address Cameron MO Date signed 1944

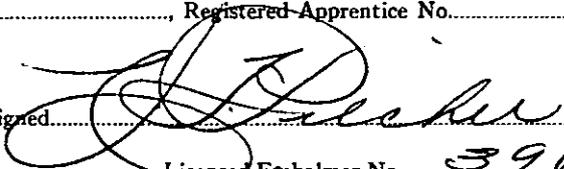
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1300

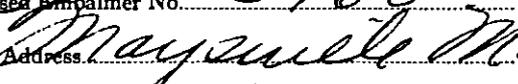
STATEMENT BY LICENSED EMBALMER

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..... 

Licensed Embalmer No. 3960

P. O. Address. 

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.