

FILED APR 11 1944

State File No.

Registration District No. 58

Primary Registration District No. 3009

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Cape Gir
(b) City or town JACKSON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Sham View 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cape Gir
(c) City or town JACKSON
(If outside city or town limits, write "RURAL")
(d) Street No. PLAIN VIEW
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME William Frank Florentine Mills

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased 3-28 1944
(Month) (Day) (Year)

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

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

10. Usual occupation.....

11. Industry or business.....

12. Name Paul Wilson Mills

13. Birthplace JACKSON MO
(City, town, or county) (State or foreign country)

14. Maiden name Anna Avonita Senn

15. Birthplace Cape Gir MO
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Wilson Mills

(b) Address JACKSON, MO

17. (a) Burial (b) Date thereof 3-31-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Koehler Cemetery

18. (a) Signature of funeral director McComb

(b) Address Jackson Mo

19. (a) 31 1944 (b) J. H. Keestner
(Data received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Mar day 30
year 1944 hour 6 minute 00 a.m.

21. I hereby certify that I attended the deceased from pm
28, 1944 to mar 27, 1944;
that I last saw him alive on mar 28, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia Duration 24 hrs

Due to congenital atelectasis 36 hrs

Due to.....

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

Major findings: 161a PHYSICIAN

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?

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

23. Signature T. E. Ruff (M. D. or other) MD

Address Jackson mo Date signed 3-31-44

WHITE PRINTED - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 4

District File Number 44-3689

Date Filed 4-8-48

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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.