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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 5 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13790
Registrar's No. 1716

Registration District No. 199 Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson County
(b) City or town Kansas City
(c) Name of hospital or institution: 1122 E 18th St
(d) Length of stay: In hospital or institution. About 4 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(d) Street No. 1122 E 18th St
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George Mills
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr day 11 year 1944 hour 9:30 minute a.m.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw the deceased on 19; and that death occurred on the date and hour stated above.
Immediate cause of death: acute Dilatation of Heart
Duration: 95c4

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive, years unknown
7. Birth date of deceased: unknown (Month) (Day) (Year)

8. AGE: Years About 70 Months Days If less than one day hr. min.

9. Birthplace St Louis County, Mo (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Edw. Mills

12. Name Edw. Mills

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

14. Maiden name Sarah Weyer (City, town, or county) (State or foreign country)

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

16. (a) Informant Charlotte Webb

(b) Address 1910 Brook

17. (a) Burial (b) Date thereof 4-11-44 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Brady Funeral Home

(b) Address 1708 9th St

19. (a) 4-18-44 (b) N. E. Brown (Date received local registrar) (Registrar's signature)

Due to
Due to
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy: see above
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?
While at work (Specify type of place) (c) means of injury
23. Signature of J. Richardson (M.D. or other)
Address 1832 Vine Date signed 4-13-44

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. 1271

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.