

FILED JUL 11 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 5291

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Clay
 (b) City or town Liberty
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: I.O.O.F. Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 yrs. 1 mos.
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Lidia McMillin

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

4. Sex Female 5. Color or race White 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

7. Birth date of deceased December 12 1853
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 5 23 hr. min.

9. Birthplace Unknown Indiana
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business I.O.O.F. Home

12. Name Henry Moyer

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

14. Maiden name Elizabeth Vane

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

16. (a) Informant Paul Rogers

(b) Address I.O.O.F. Home Liberty Mo.

17. (a) Removal (b) Date thereof June 5, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buckner, Mo.

18. (a) Signature of funeral director O. J. Gardner Jr.

(b) Address 119 E. Franklin St. Liberty

19. (a) June 5 1944 (b) Bellevue Early
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
 year 1944 hour _____ minute A.M.

21. I hereby certify that I attended the deceased from Mar 2 1942 to June 5 1944
 that I last saw her alive on June 5 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death General Atherosclerosis 20 yrs.

Due to _____

Due to _____

Other conditions 97
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

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 Rayton M. Kelly (M. D. or other) M.D.

Address Liberty Mo. Date signed 6-5-44

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WHILE FILING - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 7-10-44

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.....

J. Carder Jr.
.....
Licensed Embalmer No. 3934

P. O. Address Liberty, 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.