

S. No. 2  
1-8-43  
5-17-39  
D I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27529

State File No. ....

FILED SEP 9 1944

Registrar's No. 101-

Registration District No. 8 N

Primary Registration District No. 3017

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

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution:  
At home.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 44 Years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

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

(d) Street No. 501 E. High St.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Martha Ann Million.

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21  
year 1944 hour 8 minute 30 a.m.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Wm. R. Million. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 13 1861  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug. 18, 1944, to Aug 21, 1944; that I last saw her alive on Aug. 21, 1944; and that death occurred on the date and hour stated above.

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

83 3 8 hr. \_\_\_\_\_ min.

Immediate cause of death Apoplexy

Due to High blood pressure

Due to Hardening of Arteries

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Chariton County, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business At home.

Major findings: Of operations § 201

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Robert S. McCampbell

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

14. Maiden name Mary Willis Huss

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

16. (a) Informant Mrs. Guy C. Million.

(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof Aug. 23"/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Goodman Hall  
(b) Address Boonville, Mo.

19. (a) Aug. 21-44 (b) Dr Chas. Swep.  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury 1

23. Signature H. H. Frasier (M.D. or other) DC  
Address 409 1/2 Main Boonville, Mo. Date signed 9-23-44

1088 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number 9-8-44

Date Filed

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. H. Goodman*  
Licensed Embalmer No. 1178  
P. O. Address *Boonville, 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.