

FILED SEP 7 1944

Registration District No. 206

Primary Registration District No. 5747

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Federal Mound
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community most of life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Archie Monroe Mills

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Fannie Alma Mills 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased. Jan 5 1901
(Month) (Day) (Year)

8. AGE: Years 43 Months 7 Days 17 If less than one day hr. min.

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

10. Usual occupation Merchant

11. Industry or business Self

MOTHER FATHER { 12. Name John Hedley Mills

18. Birthplace Bollinger CO MO
(City, town, or county) (State or foreign country)

14. Maiden name Emma Jasper Bennett

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

18. (a) Informant's own signature Archie Mills

(b) Address Federal Mound MO

17. (a) Burial (b) Date thereof Aug 27/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Light

18. (a) Signature of funeral director Web. Holt J. H.

(b) Address Federal Mound MO

19. (a) Aug 21 1944 (b) S. C. S. Langley
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Madison
(c) City or town Federal Mound MO
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. no years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22 year 1944 hour 3:08 minute P. M.

21. I hereby certify that I attended the deceased from Aug 21 1944 to Aug 27 1944 that I last saw him alive on Aug 22 and that death occurred on the date and hour stated above.

Immediate cause of death Froezeped resuscitation of head with possible congestion of lungs Duration 2 days
Due to suspected ?

Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: P. 2 f
Of operations
Of autopsy

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) (e) Means of injury

23. Signature E. W. Delaney (M. D. or other) E.D.
Address Federal Mound MO Date signed 8/23/44

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Revised 1-1-1931

RECEIVED

District Health Officer No. 4
District File Number 944-4262
Date Filed 9-6-44

SEP 27 1944

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 John H. Holt
Licensed Embalmer No. 4264
P. O. Address Fredericktown, Md

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, above space should be left blank.