

FILED OCT 11 1944  
Registration District No. **227**

Primary Registration District No. **3048**

Registrar's No. **150**

1. PLACE OF DEATH:

(a) County **Nodaway**

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

(c) Name of hospital or institution:  
**336 East 3rd**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **16 years** (Specify whether years, months or days)

In this community **16 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nodaway 74**

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

(d) Street No. **336 East 3rd**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **Ida Josephine McMillen**

3. (b) If veteran, name war..... 3. (c) Social Security No. **none**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced. **Widowed**

6. (b) Name of husband or wife **John O. McMillen** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **May 31, 1881**  
(Month) (Day) (Year)

8. AGE: Years **63** Months **4** Days **4** If less than one day hr. min.

9. Birthplace **Hopkins Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business **Isaac Fike**

12. Name **Cincinnati Ohio**

13. Birthplace **Madison Dine**  
(City, town, or county) (State or foreign country)

14. Maiden name **Decatur Co. Ind**

15. Birthplace **Mrs. James VanNatta**  
(City, town, or county) (State or foreign country)

16. (a) Informant **burial** (b) Date thereof **10-7-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hopkins cemetery**

18. (a) Signature of funeral director **Pric Funeral Home**  
(b) Address **Maryville Mo**

19. (a) **Oct. 6-44** (b) **Ann Barber**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **4**  
year **1944** hour **11** minute **30** A.M.

21. I hereby certify that I attended the deceased from **Sept 10 - 1944 to Oct 4 - 1944**  
that I last saw her alive on **Oct 4th**, 19**44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **1 Hr**

Due to **Arterio-sclerosis**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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 **L.E. Dean** (M. D. or other) **MD**

Address **Maryville Mo** Date signed **10-6-44**

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

4  
2

1349

**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 W. Price

Licensed Embalmer No. 3229

P. O. Address Maryville 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.**