

FILED DEC 7 1944

Registration District No. 361

Primary Registration District No. 4530

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Richards mo
(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 _____ (Specify whether)
In this community 40 years
years, months or days)

3. (a) PRINT FULL NAME David Chester Mills

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept March 15 1873
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 7 If less than one day hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Thomas Mills

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

14. Maiden name Elizabeth Daves

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

16. (a) Informant William J. Berk

(b) Address Richards mo

17. (a) Burial (b) Date thereof 11 15 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marvin Chapel Cemet

18. (a) Signature of funeral director Ferry Tom Home

(b) Address Nevada mo

19. (a) Nov 21, 1944 (b) Mrs W.D. Charles
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 12
year 1944 hour 6 minute 0 - M.

21. I hereby certify that I attended the deceased from 11/11/44, 1944, to 11/12/44, 1944
that I last saw him alive on 11/9/44, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Arteriosclerosis
Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 830

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 0

23. Signature M. B. Orman (M. D. or other)

Address Deerfield mo Date signed 11/10/44

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

8800

13

44

44

Duration

MOTHER FATHER

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 Me

....., Registered Apprentice No. _____
working under my personal supervision.

Signed L. B. Ferry

Licensed Embalmer No. 1768

P. O. Address Nevada

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.

5
No. 7,
11-44-1321
12-4-44