

No. 2  
4-5-43  
5-17-39  
I X36571

FILED JAN 15 1945  
Registration District No. **1007**

Primary Registration District No. **0620**

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

1. PLACE OF DEATH:

(a) County Knos Liberty Twp  
 (b) City or town \_\_\_\_\_  
(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 \_\_\_\_\_ Life  
years, months or days

3. (a) PRINT FULL NAME Julius Emmett McMillen  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex MO 5. Color or race W  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Elenora McMillen  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased May 18, 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 6 20 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Deeridge, Missouri \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Charles McMillen  
 13. Birthplace Ky. \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Ellen Cunningham  
 15. Birthplace Unknown \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Elenora McMillen  
 (b) Address Timp City MO  
 17. (a) Edina, Mo. (b) Date thereof 12-11-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Joseph's (New)

18. (a) Signature of funeral director St. E. E. Isa. Probsthumer  
 (b) Address Edina MO  
 19. (a) 1-1-45 (b) Wille Northcutt  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Knos 5<sup>th</sup>  
 (c) City or town Rural - Liberty  
(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 \_\_\_\_\_ U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 8  
 year 1944 hour 4:00 minute \_\_\_\_\_ P. M.  
 21. I hereby certify that I attended the deceased from 12-8, 1944 to 12-8, 1944  
 that I last saw him alive on 12-8, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 10 1/2 hrs.  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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)  
 (c) Means of injury 2  
 Signature Fredrick S. Schmitt (M.D. or D.V.M.)  
 Address Edina, Mo Date signed 12/11/44

RECEIVED  
District Health Officer No. 10  
District File Number 1-45-188  
Filed JAN 12 1945

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 *Keith Hudson*  
Licensed Embalmer No. *2415*  
P. O. Address *Edina, Missouri*

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.