. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1945

Registration District No. 178

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 6516

Primary Registration District No. 4284

Registrar's No. 4

**1. PLACE OF DEATH:**

(a) County Lewis

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

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 25 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Lewis

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

(d) Street No. none
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William F. Mills

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lena F. Mills

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased November (Month) 17th, (Day) 1867 (Year)

8. AGE: Years 77 Months 1 Days 24 If less than one day ___ hr. ___ min.

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

10. Usual occupation Retired Farmer

11. Industry or business ---

FATHER
12. Name Westernly Mills
13. Birthplace West Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucia Martin
15. Birthplace (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Lena Mills
(b) Address LaBelle, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/45 (Month) (Day) (Year)
(c) Place: burial or cremation ElmGrove Cem. LaBelle, Mo.

18. (a) Signature of funeral director Norman D. Cooke
(b) Address LaBelle, Mo.

19. (a) Jan 20 1945 (Date received local registrar) (b) P. W. Jennings M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 11th, year 1945 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan. 17, 1944 to Jan. 11, 1945 that I last saw him alive on Jan. 10, 1945 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Chron Nephritis ( chronic) | 2 yr. |
| Due to Chronic Kidney Weakness | |
| Due to Senility | |
| Other conditions Weak heart (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Harry L. McCracken (M. D. or other) D. O.

Address La Belle, Missouri Date signed Jan. 16

987

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-45-371
Date Filed FEB 16 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 Norman D. Cooder

Licensed Embalmer No. 3721

P. O. Address LaBelle, 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, facts should be so stated above.**