

FILED APR 17 1945

Registration District No. **107**

Primary Registration District No. **3019**

Registrar's No. **28**

1. PLACE OF DEATH

(a) County **Franklin**

(b) City or town **Bennett, 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 _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Ark** (b) County **Clay**

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? **9** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **MARLIN M MILLS**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **2** year **1945** hour **7** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **3/1/45** to **3/2/45**

that I last saw ~~him~~ **her** alive on **3/2/45** and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased: **Jan** **6** - **1945**
(Month) (Day) (Year)

Immediate cause of death **Bacterial meningitis**

Duration **4 days**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years **0** Months **1** Days **26** If less than one day _____ hr. _____ min.

9. Birthplace **Rector, Ark**
(City, town or county) (State or foreign country)

10. Usual occupation **Child**

PHYSICIAN

Major findings: Of operations _____

Of autopsy **108**

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name **Charles Mills**

13. Birthplace **Mallen, mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Alice Rhine**

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

16. (a) Informant **Charles Mills**

(b) Address **Rector, Ark**

17. (a) **Burial** Date thereof **3-3-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Shiloh**

18. (a) Signature of funeral director **W. H. Juby**

(b) Address **Rector, Ark**

19. (a) **3-10-45** **Jubai Beland**
(Date received local registrar) (Registrar's signature)

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 **Claude J. Jovan** (M.D. or other) **3/18/45**
Address **Rector, Ark** Date signed

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

10 10 5

RECEIVED

District Health Office No. 2,

District File Number

445-504

Date Filed

4/4/45

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 R. Casner

Licensed Embalmer No.

2912

P. O. Address

Rector, Ark

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.