

FILED JUN 13, 1945
Registration District No. 2001

Primary Registration District No. 2001

Registrar's No. 261

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Keystone Hotel
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 2 days
years, months or days)

3. (a) PRINT FULL NAME Grace McMillan

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

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

6. (b) Name of husband or wife J. W. McMillan 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 29, 1892
(Month) (Day) (Year)

8. AGE: Years 53 Months 0 Days 5 If less than one day
hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Frank T. Hungerford

{ 13. Birthplace LaCygne Kansas
(City, town, or county) (State or foreign country)

{ 14. Maiden name Virginia Davenport

{ 15. Birthplace Bluefield West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant J. W. McMillan

(b) Address Bragg, Oklahoma

17. (a) burial (b) Date thereof June 6, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 6-4-45 (b) Arthur Sushak
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Muskogee

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

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1945 hour 8 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____ 19____
that I last saw him live on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration _____

Due to _____

Due to _____

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

Major findings: Coronary Occlusion PHYSICIAN _____
Of operations _____ Underline the cause to which death should be charged statistically.

Of autopsy _____

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 _____

Signature Arthur Sushak (M. D. or other) DO

Address 2114 Joplin Date signed 6/7/45

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

JUN 16 1945

49
510

1206

45-5-483

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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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Josephine Ave

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.