

No. 2  
-1-4-41  
5-17-39  
I X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

20351

State File No. \_\_\_\_\_  
Registrar's No. 30

FILED JUL 12 1945  
Registration District No. 2, 2

Primary Registration District No. 3044

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

1. PLACE OF DEATH:

(a) County Miller  
(b) City or town Eldon  
(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 Missouri (b) County Miller 66  
(c) City or town Eldon  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (c) PRINT FULL NAME Millie Ann Wilson

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

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

6. (b) Name of husband or wife James H. Wilson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. August 14 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 10 0 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

12. Name Jasper Blanton

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

14. Maiden name Maggie Byrd  
(City, town, or county) (State or foreign country)?

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

16. (a) Informant Mrs. Dixie Bruffie

(b) Address Eldon, Missouri

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

(c) Place: burial or cremation Hopewell Cemetery

18. (a) Signature of funeral director Phillips Funeral Home  
(b) Address Eldon Missouri

19. (a) 6-16-45 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14  
year 1945 hour 4 minute 35 P. M.

21. I hereby certify that I attended the deceased from left 1945 to left 1945  
that I last saw her alive on left 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 3 days  
Due to Chronic Myocarditis 2

Other conditions (include pregnancy within 3 months of death)  
Major findings: 9/3/45  
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 G. D. Walker (M. D. or other)  
Address Eldon Mo Date signed left 1945

1114

(Licensed Embalmer's Statement on Reverse Side)

7-9-45  
45-81

JUL 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.....

..... Louis D. Phillips ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Louis D. Phillips  
Licensed Embalmer No. 3663

P. O. Address Eldon

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.