

S. No. 2  
M-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27493

State File No. ....

Registration District No. 139

Primary Registration District No. 4225

Registrar's No. 49

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

1. PLACE OF DEATH:

(a) County Holt  
 (b) City or town Oregon  
 (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 10 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt  
 (c) City or town Oregon-Rural  
 (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 \_\_\_\_\_

3. (a) PRINT FULL NAME John-George Milne  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Pearl McIntyre Milne  
 6. (c) Age of husband or wife if alive 59 years  
 7. Birth date of deceased April 19 1878  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 4 2 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Chillicothe Ohio  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
 12. Name James Russell Milne  
 13. Birthplace Scotland  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Jean McDonald  
 15. Birthplace Canada  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John G. Milne  
 (b) Address Oregon, Missouri  
 17. (a) Burial (b) Date thereof Aug. 24 1945  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Oregon, Missouri

18. (a) Signature of funeral director McCauley  
 (b) Address Missouri St. Oregon  
 19. (a) 8-24-45 (b) Pauline Dawson  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21  
 year 1945 hour 6:30 minute P. M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY OCCLUSION  
 Duration Few minutes  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (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?  
ON THE STREET OREGON, MO.  
 While at work? No (Specify type of place) (c) Means of injury \_\_\_\_\_  
 23. Signature Dr. H. E. Collier (M. D. or other) D.O.  
 Address Cahoon Hart Co. Date signed Aug. 23

**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..... *W. C. Crawford*

Licensed Embalmer No. *1824*

P. O. Address *Manassas Co. Va*

**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.**