

FILED SEP 12 1945

Registration District No. _____

Primary Registration District No. 4272

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Waverly
(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 years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME CHARLES COLLIN McMILLAN

3. (b) If veteran, name war _____ No. NO

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 LETTIE 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July 19 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>1</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace Warrensburg Rural Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name William Alexander McMillan

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

14. Maiden name Missouri Patterson

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

16. (a) Informant Mr Lettie McMillan

(b) Address Waverly

17. (a) Burial (b) Date thereat Sept 5-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waverly cemetery

18. (a) Signature of funeral director Dwight County

(b) Address Waverly

19. (a) 9-5-1945 (b) Dr. W. H. Braetlan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette⁵⁴

(c) City or town Waverly
(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 Sept day 3
year 1945 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from May-27
1945 to Sept-3 1945

that I last saw him alive on Sept-3 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Gen. 2 yrs
Duration

Due to _____

Due to _____

Other conditions Chronic myocarditis 2 yrs.
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy 97

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 Geo A. Kelling MD (M. D. or other) _____

Address Waverly Missouri Date signed 9/4/45

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 9-10-42

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 Duane Ewing

Licensed Embalmer No. 38749

P. O. Address Sedalia, 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, fact should be so stated above.