S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33102

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 288

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1117 Wilkes Blvd. 1
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 1
(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1117 Wilkes Blvd. 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES WILLIAM McMILLAN
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Minnie Mae Melvin McMillan
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 3 - 12 - 1879 (Month) (Day) (Year)
8. AGE: Years 66 Months 7 Days 19 If less than one day hr. min.
9. Birthplace Cooper County (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Retired
11. Industry or business
MOTHER FATHER
12. Name James McMillan
13. Birthplace Unknown (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name Margaret Stegner
15. Birthplace Unknown (City, town, or county) 4 (State or foreign country)
16. (a) Informant Margaret McMillan
(b) Address Columbia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-2-45 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery
18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.
19. (a) 11-2-45 (Date received local registrar) (b) Mrs R. E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31 year 1945 hour 10 minute 55 P.M.
21. I hereby certify that I attended the deceased from Oct 27, 1945 to Oct 31, 1945 that I last saw him alive on Oct 31, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetes Mellitus	10 yrs
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations no op	
Of autopsy no 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 A W Kaufschmidt (M. D. or other)
Address Columbia, Mo. Date signed 11-1-45

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(Licensed Embalmer's Statement on Reverse Side)

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. Thos L Young

Licensed Embalmer No. 4132

P. O. Address. Columbia, 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.