

Dr. Luten

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

34300

FILED NOV 10 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 85

1. PLACE OF DEATH:

(a) County Pennscoot
(b) City or town Caruthersville
(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 Life
years, months or days

3. (a) PRINT FULL NAME James Melville Milligan

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

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Wid

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

7. Birth date of deceased Oct 5 1945
(Month) (Day) (Year)

8. AGE: Years _____ Months 14 Days _____ If less than one day hr. _____ min. _____

9. Birthplace Pennscoot (City, town, or county) Mo. - A (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER { 12. Name James Milligan
13. Birthplace Mo. - A (City, town, or county) (State or foreign country)
14. Maiden name Orinda Milligan
15. Birthplace Caruthersville (City, town, or county) (State or foreign country)

FATHER { 16. (a) Informant Mrs. Pearl Thompson
(b) Address Caruthersville
17. (a) Buried (b) Date thereof Oct. 20 - 1945
(Burial, cremation, or removal) (Month), (Day) (Year)

(c) Place: burial or cremation Little River Cem.

18. (a) Signature of funeral director J. W. Luten
(b) Address Caruthersville

19. (a) 11-1-45 (b) J. W. Luten
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pennscoot
(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")

(d) Street No. 1107 Walker ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19
year 1945 hour 10 minute 20 P.M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____

that last saw _____ alive on _____ and that death occurred on the date and hour stated above
I am not a physician and I am not a medical examiner
(Understand)

Due to probable gas poisoning

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 158

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. W. Luten (M. D. or other)
Address Caruthersville Date signed 10-31-45

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

10-45-193

Jessie Watkins

STATEMENT BY LICENSED EMBALMER

not

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{*not*} embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Noel C. Deane*

Licensed Embalmer No. *3941*

P. O. Address..... *Cumttersville 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.