S. No. 2
M—5-43
. 5-17-39
D I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 4 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5131

Registration District No. 109 Primary Registration District No. 4176 Registrar's No. 9

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Malden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(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 Dunklin
(c) City or town Malden
(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 Joe Henry Sills

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cynthia Ann Sills

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased June (Month) 3 (Day) 1872 (Year)

8. AGE: Years 73 Months 7 Days 28 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business —

FATHER
12. Name unknown
13. Birthplace " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant Ethel Sills
(b) Address Malden, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-46 (Month) (Day) (Year)
(c) Place: burial or cremation Maldin Park

18. (a) Signature of funeral director Landers Funeral Home
(b) Address Campbell, Missouri

19. (a) 2-4-46 (Date received local registrar) (b) J. G. Schaumann (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31 year 1946 hour minute 7:00 A.M.

21. I hereby certify that I attended the deceased from 1-1-1945, 19..., to 1-31-1946, 19..., that I last saw him alive on 1-31-1946, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arterio Sclerosis	10 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Coronary occlusion	1 day
Major findings: Of operations: no	
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 S. E. Mitchell (M. D. or other) M.D.
Address Malden Mo. Date signed 1/31/46

4130

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

87

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 346-219
Date Filed 3-2-46

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.