No. 2
1—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6894

Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 7

1. PLACE OF DEATH:
(a) County St Clair
(b) City or town Appleton City Mo
(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 years, months or days)
In this community 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Clair 93
(c) City or town Appleton City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ludia McMillin
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Fem
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Otho G. McMillin
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased July (Month) 7 (Day) 1876 (Year)
8. AGE: Years 69 Months 7 Days 15 If less than one day hr. min.
9. Birthplace Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeping
11. Industry or business
MOTHER FATHER
12. Name Joseph Grimes
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Juliett Rainwater
15. Birthplace Tenn (City, town, or county) (State or foreign country)
16. (a) Informant Otho G McMillin
(b) Address Appleton City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Appleton City Cem
18. (a) Signature of funeral director Frank Lee
(b) Address Appleton City Mo
19. (a) Feb. 24 46 (Date received local registrar) (b) Mrs. Ollie Abney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22 year 1946 hour 5 minute 30 P M.
21. I hereby certify that I attended the deceased from Jan 10, 1946, to Feb 22, 1946 that I last saw h alive on 2-22, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Heart failure — Duration
Influenza
Due to: Fracture of left hip
Due to: Hypostasis
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) ✓ 93
(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 0
23. Signature R. L. Johnson M. D. (M. D. or other)
Address Appleton City Date signed 2-23-46

285

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Di[illegible] Officer No. [illegible]

Dist[illegible] Number 2-46-143

Date Filed 3-5-46

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~~ 22nd day of Feb- 1946, Registered Apprentice No. ....., working under my personal supervision.

Signed Frank Lu[illegible]

Licensed Embalmer No. 1099

P. O. Address Appleton City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply [illegible] the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
--3-45
X43880

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. May

Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County St Clair

(b) City or town appleton city
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lydia McMillin

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 7 (Day) 1879 (Year)

8. AGE: Years 69 Months 7 Days 25 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
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
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Feb day 22
year 1945 hour minute P.M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure due to coronary artery occlusion

Due to Arterial Sclerosis & Chronic Nephritis

Due to Hypertension

Other conditions Fracture of hip
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) Accident

(b) Date of occurrence Dec 24 1945

(c) Where did injury occur? Appleton City St Clair Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)

While at work? (e) Means of injury Fall in kitchen

23. Signature A. L. Hansen (M. D. or other) M.D.

Address Appleton City Mo Date signed 3-14-46

SUPPLEMENTARY

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED 1860 18

5844

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