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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9138

FILED MAR 18 1946

Registration District No. 127 Primary Registration District No. 5467 Registrar's No.

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Rural 1st Robberson Twsp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Willard Mo. R.F.D. # 2
(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 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Willard R.F.D. # 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM M. MILLS
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 10 1867 (Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 29 If less than one day hr. min.

9. Birthplace Fredonia (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm
FATHER
12. Name D. H. Mills.
13. Birthplace Nashville (City, town, or county) Tennessee (State or foreign country)
MOTHER
14. Maiden name Emily Jane Testerman
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Clarence Sare
(b) Address Willard, Mo. R.F.D. # 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 11, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Cemetery
18. (a) Signature of funeral director Fred C. Thieme
(b) Address Springfield, Mo.
19. (a) Mar. 12, 1946 (Date received local registrar) (b) Mrs. Hermand White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th year 1946 hour 5:30 PM minute M.
21. I hereby certify that I attended the deceased from No physician in attendance, 19; that I last saw him alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Chronic — Duration Unk
Due to (No evidence of foul play)
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
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 James R. Moss (M. D. or other)
Address Springfield, Mo. Date signed 3-11-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File Number 46-3-34
Date Filed 3/15/46

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 Fred. C. Thieme

Licensed Embalmer No. 2899

P. O. Address Springfield, 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.