

No. 2
-8-43
5-17-39
I X37823

FILED APR 6 1946
Registration District No. 209

Primary Registration District No. 3043

1. PLACE OF DEATH:

(a) County MARION.
(b) City or town HANNIBAL - MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 918 Vermont St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 DAYS. (Specify whether
in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County FALLS.
(c) City or town NEW LONDON, Mo!
(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 JUDITH-JANE-MILAM.

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced CHILD.

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

7. Birth date of deceased SEPT - 29 - 1945
(Month) (Day) (Year)

8. AGE: Years 0 Months 4 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace FRESNO - CALIF. 1
(City, town, or county) (State or foreign country)

10. Usual occupation CHILD

11. Industry or business CHILD.

12. Name ROY - MILAM

13. Birthplace PIKE, CO. MO. D
(City, town, or county) (State or foreign country)

14. Maiden name MARY CAMPBELL.

15. Birthplace PIKE CO MO. D
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Milam
(b) Address NEW LONDON, MO.

17. (a) BURIAL (b) Date thereof 2/27/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW LONDON, MO.

18. (a) Signature of funeral director Clayton W. Willey

(b) Address Center St.

19. (a) 2-26-46 (b) G. E. M. Lucke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 25
year 1946 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 19 1946 to Feb. 25 1946
that I last saw her alive on Feb. 22 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Neuro Calosis
Duration 3 Days

Due to _____

Due to Congenital Mongolian Deafness

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy 1190

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) 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. E. Seltzman M.D.
Address HANNIBAL, MO Date signed _____

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

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.....

Clyde C. Wilkey

Licensed Embalmer No. *3820*.....

P. O. Address *Terry, 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.