

Registration District No. 155

Primary Registration District No. 4246

1. PLACE OF DEATH:

(a) County WASHER
 (b) City or town CARL JUNCTION
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 210 SKINNER 1
(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 two months

3. (a) PRINT FULL NAME ALVA MILLS

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 Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 9 14 1863
(Month) (Day) (Year)

8. AGE: Years 82 Months 6 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Plainfield Ind 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Samuel Mills

13. Birthplace Ind. 1
(City, town, or county) (State or foreign country)

14. Maiden name Lydia Pearson

15. Birthplace Ind 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry Moore

(b) Address 210 Skinner, Carl Junction

17. (a) Reburial (b) Date thereof 3-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wagner Valley - Reburial

18. (a) Signature of funeral director Don Conroy

(b) Address Carl Junction Mo.

19. (a) MAY 7, 1946 (b) P. S. Pritchett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper, 11
 (c) City or town Carl Junction
(If outside city or town limits, write "RURAL")
 (d) Street No. 210 Skinner 3
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 25
 year 1946 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from 11-27, 1945, to 12-26, 1946,
 that I last saw him live on 12-26, 1946,
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral Hemorrhage

Due to Hypertensive Cardiovascular renal disease

Due to _____

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

Major findings: _____
 Of operations _____

Of autopsy _____

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) (e) Means of injury

While at work? _____

23. Signature H. B. Bryan (M. D. or other) MD

Address Baxter Springs Mo Date signed 5-24-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

46-5-428

[Handwritten mark]

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..... *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address..... *Jay's Linc 7100*

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.

Registration District No. 155

Primary Registration District No. 1246

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

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Carl Junction
(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

3. (a) PRINT FULL NAME Alva Mills
 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 S
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____
 7. Birth date of deceased Apr 14
(Month) (Day) (Year)

8. AGE: Years 82 Months _____ Days _____
If less than one day
 _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Farming

12. Name David Mills

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Lydia Parsons

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Harry Muse

(b) Address 210 S. Spruce

17. (a) _____
(Burial, cremation, or removal) (b) Date thereof 3-29-46
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Don Roney

(b) Address Carl Junction, MO

19. (a) MAY 7:46
(Date received local registrar) (b) _____
(Residence of registrar)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Jasper
 (c) City or town Carl Junction
(If outside city or town limits, write "RURAL")
 (d) Street No. 210 S. Spruce
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May Day 12
 year 1946 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____
 to _____, 19____;
 that I last saw him _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

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

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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 Walter Spang (M. D. or other)
 Date signed _____

SUPPLEMENTARY

17058