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

19281

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 25 1946

State File No. 20408

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2618

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mos. 24 days (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 317 So. Mersington 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME John Mills

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife MATTIE MILLS

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased 9 (Month) 5 (Day) 1867 (Year)

8. AGE: Years 78 Months 9 Days 7 If less than one day hr. min.

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

10. Usual occupation Barber

11. Industry or business Self

FATHER
12. Name Hanaball Mills
13. Birthplace Ind (City, town, or county) (State or foreign country)

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

16. (a) Informant Harry Mills
(b) Address 317 So Mersington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Washington

18. (a) Signature of funeral director J. S. Sheil
(b) Address K. C. Mo.

19. (a) 6-13-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1946 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from February 19, 1946 to June 12, 1946
that I last saw him alive on June 12, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94 a	
Major findings: Of operations	
Of autopsy See above	

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 0

23. Signature Wm W. Hart (M.D. or other) MD

Address Med. Dir. Gen'l Hosp. Date signed 6-12-46

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.