

FILED AUG 1 1946

State File No. _____

Registration District No. 737

Primary Registration District No. 3523

Registrar's No. 148

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Westall Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 113 Days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT
FULL NAME

Mildred Violet Bills

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 1. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband Bill 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Dec 16 1909
(Month) (Day) (Year)

8. AGE: Years 36 Months 7 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Herschel Gaston
13. Birthplace Kurstin Mo
(City, town, or county) (State or foreign country)
14. Maiden name Bertha DeLozier
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Bill
(b) Address Garden City Mo.
17. (a) Burial (b) Date thereof 7 25-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation G.C. Cemetery
18. (a) Signature of funeral director G.C. Cemetery
(b) Address Garden City Mo.
19. (a) 7-23-46 (b) R.H. Penney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass 19
(c) City or town Dayton MO
(If outside city or town limits, write "RURAL")
(d) Street No. A.R. #2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 46 hour 3 minute 40 A.M.
21. I hereby certify that I attended the deceased from 7-11 1946 to 7-23 1946
that I last saw her alive on 7-23 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Emboli Duration 20 min
Due to Peritonitis 5 days
Due to Ruptured appendix 2 days
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 12 1/2
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) Manner of injury _____
23. Signature T. Powell (M.D. or other) 20
Address Clinton Mo Date signed 7/2

RECEIVED

District Health Officer No. 77

District File Number 6-46-789

Date Filed 7-30-46

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

J. M. Kruppman

Licensed Embalmer No. 1032

P. O. Address

Indian City

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.