

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 8 1948
 Registration District No. 364

Primary Registration District No. 6237

Registrar's No. 10

1. PLACE OF DEATH:
 (a) County WARREN.
 (b) City or town WRIGHT CITY (Rural)
 (c) Name of hospital or institution:
R R # 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)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County WARREN.
 (c) City or town WRIGHT CITY (Rural)
 (d) Street No. R R # 1
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME KATHRINE McMILLEN
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex FEMALE 5. Color or race W. 6. (a) Single, widowed, married, divorced
 6. (b) Name of husband or wife HUS THOMAS H. McMILLEN 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased JUNE: 13
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 9 - day 21
 year 1946 hour 5:45 minute A.M.
 21. I hereby certify that I attended the deceased from 7.26 - 1946 to 9.21 - 1946
 that I last saw her alive on 9.19 - 1946
 and that death occurred on the date and hour stated above.

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

Immediate cause of death
Carcinoma - generalized - of the pelvis and abdominal viscera.
 Due to _____
Carcinoma of the cervix inoperable.
 Due to _____
 Other conditions (include pregnancy within 3 months of death)

9. Birthplace ST LOUIS MO
 (City, town, or county) (State or foreign country)
 10. Usual occupation HOUSEWIFE

Major findings:
 Of operations _____
 Of autopsy USA
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name GEORGE KEL
 13. Birthplace GERMANY 4
 (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace GERMANY 11
 (City, town, or county) (State or foreign country)

16. (a) Informant GEO. McMILLEN
 (b) Address 4516 Red Bud
 17. (a) BURIAL (b) Date thereof 9-23-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation CALV. REDEM. MATH. HERMANN
 18. (a) Signature of funeral director MATH. HERMANN
 (b) Address 216 E. FAIR AVE
 19. (a) SEP 27 1946 (b) Mrs. F. W. Hughes
 (Date received local registrar) (Registrar's signature)

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 H. Walker _____
 Address Warrenton Mo Date signed 9.21.46

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..... *Harold G Burnley*.....
Licensed Embalmer No. *4202*.....
P. O. Address..... *St Pauls 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.