S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36672

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 906

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: City Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 37

(c) City or town Springfield, 2
(If outside city or town limits, write "RURAL")

(d) Street No. 646 S. Roberson 6
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME CHARLEY HENRY MILLS

3. (b) If veteran, name war WW I

3. (c) Social Security No.

4. Sex Male 0

5. Color or race white

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

6. (b) Name of husband or wife Gladys Mills

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

7. Birth date of deceased July 25, 1894
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
52	3	18	hr. min.

9. Birthplace Maitland, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business

FATHER
12. Name Henery Mills 9
13. Birthplace Unknown 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Laura Mills
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Gladys Mills (wife)

(b) Address 646 S. Roberson

17. (a) Burial (b) Date thereof 11/19/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director ALMA LOHMEYER FUNERAL HOME

(b) Address Springfield, Missouri

19. (a) 11-19-46 (b) W E Handley M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13
year 1946 hour 10:45 P minute M.

21. I hereby certify that I attended the deceased from Sept, 1946, to Nov 13, 1946
that I last saw him alive on Nov 13, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral Heart disease	several years
Due to: Myocardial insufficiency	5
Due to	
Other conditions: Bronchial Asthma (Include pregnancy within 3 months of death)	7

Major findings:
Of operations: 93E

Of autopsy none done

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 M. L. Gentry (M. D. or other)

Address 432 Med Arts Bldg Spgfd, Mo. Date signed 11-15-46

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(Licensed Embalmer's Statement on Reverse Side)

DEC 30 1945

DEC 11 1945

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. 3044

P. O. Address Springfield, Missouri

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.