

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 7 1947
Registration District No. 272

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1908
Primary Registration District No. 1908

State File No. 41553
Registrar's No. 58

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

1. PLACE OF DEATH:
(a) County Permisat
(b) City or town Holland rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Holland Hosp. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether)
In this community all of life years, months or days

3. (a) PRINT FULL NAME James S 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 married
6. (b) Name of husband or wife Blady Mills
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased Sept 21 1893
(Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days 15
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name James Mills
13. Birthplace Ky
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ashburn
15. Birthplace Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Blady Mills
(b) Address Holland MO

17. (a) Burial (b) Date thereof 12-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Zion

18. (a) Signature of funeral director Stite

(b) Address Stite

19. (a) Dec-27-46 (b) S. P. Kimmone
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Permisat 78
(c) City or town Holland rural
(If outside city or town limits, write "RURAL")
(d) Street No. Holland Hosp.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 6
year 1946 hour 3 minute 30 P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death unknown probably heart attack Duration _____
heart attack

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 95c

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? Yes (Specify type of place) (c) Means of injury 3

23. Signature Jack Kelly Coroner (M.D. or other) _____
Address Payton MO Date signed 12-6-46

1-47-4

JAN 20 1997

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.....

John W. Germer

Licensed Embalmer No.....

4355

P. O. Address.....

Hartford, Mo 64644

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.