WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X14028

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILED FEB 13 1947

2146

Do not use this space.

1. PLACE OF DEATH
(a) County Reynolds — Registration District No. 300
(b) Township — Primary Registration District No. 6029 — Registered No.
(c) City Mural — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MATILDA JANE MILLS
(a) Residence, No. Reynolds Co Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed 2
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3 - 1860
7. AGE YEARS 87 MONTHS 0 DAYS 23 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housekeeper
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds Co Mo

FATHER
13. NAME Charles Allen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

MOTHER
15. MAIDEN NAME Delilah Hedrick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs J B Steel Ellington Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Morris DATE 1-28-47
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Seuckel Ellington Mo
20. FILED Feb. 4, 1947 Essie Evans Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 26, 1947
22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1942 to January 26, 1947
I last saw her alive on January 25, 1947 Death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension and Apoplexy, first Stroke 1942, next 1944, January 26, 1947	1942
	1-25-46

Other contributory causes of importance:
General Infirmities due to old age 3 K

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? 0
If so, specify .....
(Signed) A. F. Bugg, M. D.
(Address) Ellington Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 24253
Date Filed 2-10-41

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~~, 1-26-47

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed Philip A. Fouchet

Licensed Embalmer No. 2426

P. O. Address Van Buren Me

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, above space should be left blank.