

Registration District No. 59

Primary Registration District No. 5224

Registrar's No. 36

1. PLACE OF DEATH
(a) County Cass
(b) City or town Rural Grant River Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(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)
In this community 16 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cass
(c) City or town Harrisonville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME STANLEY ROBINSON MILLS
3. (b) If veteran, name war ✓ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 27 year 1947 hour 2:00 minute 4 M.
21. I hereby certify that I attended the deceased from JAN 29 1947 to FEB 27 1947; that I last saw him alive on FEB 26 1947; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband Marian C. Mills 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased Jan 10 1902
(Month) (Day) (Year)

Immediate cause of death CORONARY THROMBOSIS
Due to HYPERTENSIVE HEART disease 6 mo
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 45 Months 1 Days 17 If less than one day _____ hr. _____ min.
9. Birthplace Miami Co. Kansas
(City, town, or county) (State or foreign country)

Major findings: Of operations 93D
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Lt. Municipal Light Plant
11. Industry or business _____
12. Name Benjamin Newton Mills
13. Birthplace Pleasant Hill Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Rice Robinson
15. Birthplace Pleasant Hill Mo.
(City, town, or county) (State or foreign country)

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) (c) Means of injury 0
23. Signature Dr. B. J. Jones, M.D. (M. D. or other) _____
Address Harrisonville, Mo Date signed 3-1-47

16. (a) Informant Harry Mills
(b) Address 4110 9th St. KC Mo
17. (a) Burial (b) Date thereof Mar 1 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery
18. (a) Signature of funeral director RUNNENBURGER'S
(b) Address HARRISONVILLE, MO
March 1 - 1947 (b) Laura J. Jones
(Date received local registrar) (Registrar's signature)

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.....

Licensed Embalmer No. 3318

P. O. Address Harrisonville

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.