

S. No. 2
—12-45
5-17-39
P1 X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8488

State File No. _____

FILED MAR 25 1947

Registration District No. 127

Primary Registration District No. 3019

Registrar's No. 147

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

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution:
Friswell Hospital D
(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 Mo (b) County Butler

(c) City or town Poplar Bluff R. #1 D
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Melvin Howard Millard

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 3
year 1947 hour 11 minute 30p. M.

21. I hereby certify that I attended the deceased from
2-3, 1947, to 3-3, 1947
that I last saw h. 107 alive on 3-3, 1947
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Jan - 12 - 1935
(Month) (Day) (Year)

Immediate cause of death _____
Captured gangrenous appendix with generalized Peritonitis with severe toxemia

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Duration _____

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

12 1 18 hr. min.

9. Birthplace Waverock Ark 1
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Robert E. Millard

13. Birthplace Bushell Ark 1
(City, town, or county) (State or foreign country)

14. Maiden name Bathura narrow

15. Birthplace Ark 1
(City, town, or county) (State or foreign country)

Major findings: Captured gangrenous Appendix & Peritonitis

Of operations _____

Of autopsy _____

PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. R. E. Millard

(b) Address Poplar Bluff Rural #1 Mo

17. (a) Buried (b) Date thereof 3-6-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff Mo

18. (a) Signature of funeral director Carl Schubert

(b) Address Kennett Mo

19. (a) 3-4-1947 (b) Carl Schubert
(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) _____

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 D. L. Resnell (M. D. or other) _____
Address Kennett Mo Date signed 3-4-47

RECEIVED
District Health Office No. 2
District File Number 342-396
Date Filed 3-7-47

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: *Edgar Lee Ford*
Licensed Embalmer No. *4433*
P. O. Address *Kennett 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.