

FILED MAY 5 1947

Registration District No. 374

Primary Registration District No. 6274

Registrar's No. 30

1. PLACE OF DEATH: *Worth*

(a) County *Worth*

(b) City or town *Oxford Missouri Rural*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: *✓*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution *✓*
(Specify whether)

In this community *Entire Life*
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Worth 113*

(c) City or town *Oxford Mo Rural 0*
(If outside city or town limits, write "RURAL")

(d) Street No. *East of Oxford 1 mile 0*
(If rural, give location)

(e) If foreign born, how long in U. S. A. *✓* years.

3. (a) PRINT FULL NAME *Harvey Elmer Milligan*

3. (b) If veteran, name war *no*

3. (c) Social Security No. *no*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *4* day *12*
year *1947* hour *4* minute *30 P.M.*

4. Sex *Mo* 5. Color or race *W*

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

6. (b) Name of husband or wife *Amanda Wilhite*

6. (c) Age of husband or wife if alive *65*

7. Birth date of deceased *November 2 - 1899*
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from *4-12-47* to *4-12-47*, 19*47*, that I last saw him *live on* *4-12-47* and that death occurred on the date and hour stated above.

8. AGE: Years *67* Months *5* Days *8* If less than one day hr. min.

Immediate cause of death *Barred Hemorrhage*

Due to *Hypertension*

9. Birthplace *Oxford Missouri*
(City, town, or county) (State or foreign country)

10. Usual occupation *Farmer*

11. Industry or business *Farmer*

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations *g3p*

Of autopsy

MOTHER FATHER

12. Name *W. J. Milligan*

13. Birthplace *Oxford Missouri*
(City, town, or county) (State or foreign country)

14. Maiden name *Mary Spookanose*

15. Birthplace *Oxford Missouri*
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant *Mr. John Milligan*

(b) Address *Oxford Mo*

17. (a) *Burial* (b) Date thereof *April 14 - 47*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Russell Cemetery*

18. (a) Signature of funeral director *John Andrews*

(b) Address *Grant City Mo*

19. (a) *April 23-47* (b) *Leto E. Duvon*
(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)

(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 (Specify type of place)

(Specify means of injury)

23. Signature *Charles N. Williamson* M.D. or other *DB*

Address *Worth Mo* Date signed *4-21-47*

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

13
0
0

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

John Andrews Jr
.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

John Andrews Jr
.....
Licensed Embalmer No. *42 111*

P. O. Address.....

Grant City 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.