

S. No. 2
M-5-43
5-17-39
I X36671

FILED JUN 24 1947

State File No. _____

Registration District No. 33

Primary Registration District No. 3010

Registrar's No. 191

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1132 No. Spanish St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 1132 No. Spanish St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Arthur G. Mills

3. (b) If veteran, _____ name war _____
3. (c) Social Security No. 491-07-3783

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lillie Heman
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 15th 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>4</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace Near Commerce Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Employed with U. S. Engineers

11. Industry or business _____

MOTHER FATHER { 12. Name A. L. Mills
13. Birthplace Commerce Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Anna Hunter
15. Birthplace Commerce Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William A. Mills
(b) Address Cape Girardeau, Missouri

17. (a) Burial (b) Date thereof 6-02-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director L. H. Heman
(b) Address Cape Girardeau, Missouri

19. (a) 6-17-47 (b) C. G. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th
year 1947 hour 3 minute 30 A. M.
21. I hereby certify that I attended the deceased from May 14 1947 to May 16 1947;
that I last saw him alive on May 16 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary artery occlusion with infarction.
Due to _____
Coronary artery occlusion
Anginal syndrome
Other conditions _____
(Include pregnancy within 3 months of death)

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? _____

(Specify type of place)
While at work _____ (c) Means of injury _____
23. Signature Alfred M. Estes (M. D. or other) _____
Address Jackson, Mo Date signed 6-10-47

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

RECEIVED

District Health Officer No. 4

District File Number 647-844

Date Filed 6-23-42

JUL 17 1947

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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 William Lee Townes

Licensed Embalmer No. 4410

P. O. Address Cape Girardeau, 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.