

Registration District No. \_\_\_\_\_

Primary Registration District No. 3000

1. PLACE OF DEATH

(a) County Adair  
(b) City or town Kirkville  
(c) Name of hospital or institution Laughlin Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 days  
In this community 50 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED

(a) State Mo. (b) County Adair  
(c) City or town Kirkville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 501 E. Washington  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Minnie A. Mills

3. (b) If veteran, name war   
3. (c) Social Security No.

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced widowed  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Name of husband or wife John C. Mills, Jr.  
7. Birth date of deceased Nov. 23, 1864  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>7</u>	<u>19</u>	hr. _____ min.

9. Birthplace Alburgh Vt.  
(City, town, or county) (State or foreign country)

10. Usual occupation hassemp

11. Industry or business \_\_\_\_\_  
12. Name Edward Mott  
13. Birthplace Alburgh, Vt.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Susan Butler  
15. Birthplace Alburgh Vt.  
(City, town, or county) (State or foreign country)

16. (a) Informant John C. Mills, Jr.  
(b) Address Kirkville, Mo.

17. (a) Burial (b) Date thereof 7-13-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Leicester, Mo.

18. (a) Signature of funeral director Adair General Home  
(b) Address Kirkville, Mo.

19. (a) 7-25-47 (b) Kate Lambert  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11  
year 1947 hour 9:00 minute \_\_\_\_\_ A. M.  
21. I hereby certify that I attended the deceased from February 15  
1945 to July 11, 1947  
that I last saw h.e.r. alive on July 11, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis  
Due to Cardio-vascular-renal disease 10 years  
Due to Chronic Glomerulo-nephritis 20 years

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? 3

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Howard E. Gross (M. D. or other) D.O.  
Address Kirkville, Mo. Date signed 7-15-47

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

RECEIVED  
District Health Officer No. 10  
District File Number 7-47-929  
Date Filed JUL 30 1947

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, ~~only~~.....

Registered Apprentice No. ....

working under my personal supervision.

Signed

*Clarence M. Billo*

Licensed Embalmer No. 4375

P. O. Address

*Kirksville, 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, fact should be so stated above.