S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 24 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23514

State File No.

Registration District No. 43 Primary Registration District No. 5135 Registrar's No. 240

1. PLACE OF DEATH:

(a) County BUTLER

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

(c) Name of hospital or institution: Ash Hill Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 26 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER 12

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. 1½ mi So BROSLEY
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George MARION MILNER

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife SUSAN MILNER

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

7. Birth date of deceased MAR (Month) 4 (Day) 1870 (Year)

8. AGE:	Years	Months	Days	If less than one day
X	77	3	28	hr. min.

9. Birthplace BARDWELL (City, town, or county) KY (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name WILLIAM MILNER
13. Birthplace BARDWELL (City, town, or county) KY (State or foreign country)

MOTHER
14. Maiden name Wilkinson
15. Birthplace (City, town, or county) KY (State or foreign country)

16. (a) Informant Mrs Susan Milner
(b) Address RFD #1 Brosley MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 3 1947 (Month) (Day) (Year)

(c) Place: burial or cremation VALE CEM

18. (a) Signature of funeral director N. T. Phelps
(b) Address Poplar Bluff MO

19. (a) 7-14-47 (Date received local registrar) R. B. Mitchell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 2 year 1947 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 1 1947 to July 2 1947 that I last saw him alive on July 1 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation

Due to Cardiac failure

Due to Cardio-Vasc-Renal disease

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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? (e) Means of injury

23. Signature A. D. Markel MD (M. D. or other)
Address Poplar Bluff MO Date signed 7-8-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 742-1001
Date Filed 7-22-47

AUG 31 1949

JUL 13 1949

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 N. T. Phelps

Licensed Embalmer No. 3231

P. O. Address Poplar Bluff 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.