V. S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 24040

Registration District No. 141 Primary Registration District No. 5554 Registrar's No. 14

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

46
0
0

1. PLACE OF DEATH:
(a) County HOWELL
(b) City or town "RURAL" SPRING CREEK TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether
In this community 40 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County HOWELL 46
(c) City or town "RURAL" SPRING CREEK TWP 0
(If outside city or town limits, write "RURAL")
(d) Street No. POMONA, MO., ROUTE 2 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ANDREW WESLEY McMILLIAN

3. (b) If veteran, name war No.

3. (c) Social Security No. 515-14-7624

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife PEARL WARD McMILLIAN

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased JANUARY (Month) 23, (Day) 1889 (Year)

8. AGE: Years 58 Months 6 Days 4 If less than one day hr. min.

9. Birthplace HOWELL COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name HUGH McMILLIAN
13. Birthplace JACKSON CO., (City, town, or county) ILL. / (State or foreign country)

MOTHER
14. Maiden name MARGARITE OWENS
15. Birthplace MEMPHIS, (City, town, or county) TENN. / (State or foreign country)

16. (a) Informant ELI H. McMILLIAN
(b) Address KANSAS CITY, KANS.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof JULY 29, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation FORDLAND, Mo

18. (a) Signature of funeral director Hal Thornburgh
(b) Address WEST PLAINS, Mo.

19. (a) 7/29-47 (Date received local registrar) (b) Beatrice Cook (Registrar's signature) 270

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 27
year 1947 hour minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cerebral Apoplexy | |
| Due to Heat Exhaustion | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

83A

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) 3
While at work? (e) Means of injury

23. Signature Maynie C. Thornburgh (M.D. or other) Coroner
Address West Plains, Mo. Date signed 7/29/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health No. 5,
District File Number 847432
Date Filed 8-5-47

AUG 26 1947

MAY 27 1948

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 Edw Woodrel, Registered Apprentice No. (not assigned) working under my personal supervision.

Signed Hal Thornburgh

Licensed Embalmer No. 3408

P. O. Address West Plains 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.**