S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 19 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24279

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 2947

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City 11
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nora Rae Restorium 309 Garfield.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 year 4 months (Specify whether years, months or days)
In this community: 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 73
(c) City or town: Fairview 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 1

3. (a) PRINT FULL NAME: Thomas L. McMILLEN
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife: Alpha McMillen
6. (c) Age of husband or wife if alive: Dead years
7. Birth date of deceased: Nov. 25, 1868 (Month) (Day) (Year)

8. AGE: Years 78 | Months 7 | Days 15 | If less than one day ... hr. ... min.

9. Birthplace: Newton County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: Farmer

MOTHER FATHER
12. Name: Colon D. McMillen
13. Birthplace: Unknown (City, town, or county) Tenn. (State or foreign country)
14. Maiden name: Cynthia Ann Barnette
15. Birthplace: Unknown (City, town, or county) Ill. (State or foreign country)

16. (a) Informant: Mrs. A.J. Ehrhardt
(b) Address: 2435 Kensington, K.C. Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 7-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Wheaton, Mo.
18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Mo.
19. (a) 7-11-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 10th year 1947 hour 11 minute 20P. M.
21. I hereby certify that I attended the deceased from April, 1947, to July 10, 1947, that I last saw him alive on July 10, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial failure	2 days
Due to: Uremia	
Myocarditis	2 days
Due to: Chronic Nephritis	Unknown
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 13 | 14
Of autopsy:

PHYSICIAN
Underline the cause of 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: 2

23. Signature: Helen M. Henery (M. D. or other) DO
Address: 205 Garfield Date signed: 7-11-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Ha 0688

500

205 Garfield

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address K. C. 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.