

FILED SEP 9 1947

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 239

1. PLACE OF DEATH:
 (a) County Adair
 (b) City or town Kirksville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Community Nursing Home # 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution one year
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cooper 27
 (c) City or town Pilot Grove
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Sam Mills
 3. (b) If veteran, name war _____
 3. (c) Social Security No. None

4. Sex M D 5. Color or race W
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 28 1874
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 73 5 26 hr. min.

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

10. Usual occupation Farmer
 Farming

11. Industry or business
 12. Name Charles Mills
 13. Birthplace Boonville, Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Nellie Brosins
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sussie Mae Brengarth
 (b) Address Pilot Grove, Missouri
 17. (a) Removal (b) Date thereof 8/25/47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Pilot Grove, Mo.

18. (a) Signature of funeral director: DEE K. Lutz (Reg)
 (b) Address Hicksville, Mo
 19. (a) 9-4-47 (b) Kate Lambert
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 24
 year 1947 hour 8 minute 25 P.M.
 21. I hereby certify that I attended the deceased from Feb 6
 1947 to Aug 24 1947
 that I last saw him alive on Aug 24 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic pneumonia 36 hrs
 Due to Myocardial Failure 2 weeks
 Due to Arteriosclerosis years
 Other conditions: Senile dementia
 (Include pregnancy within 3 months of death)

Major findings: Of operations: 97
 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?
 While at work? _____ (Specify type of place) (c) Means of injury _____
 23. Signature: M. J. Lutz (Reg) or other) _____
 Address: Hicksville, Mo Date signed: 8-24-47

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

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SEP 16 1947

RECEIVED
District Health Officer No. 10
District File Number 9-47-1190
Date Filed SEP - 8 - 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, or by.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed DEE Riley

Licensed Embalmer No. 4181

P. O. Address Kennett 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.