

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 152

Primary Registration District No. 2001

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Joplin General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 1/2 years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49  
(c) City or town Joplin 1  
(If outside city or town limits, write "RURAL") 5  
(d) Street No. 307 Moffet 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

Frank C. Millspaugh

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

3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Carrie Millspaugh 6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased January 14 1872  
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 23 If less than one day hr. min.

9. Birthplace Shawneetown Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Associate Judge

11. Industry or business County Court.

12. Name James W. Millspaugh

13. Birthplace Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Sina Hall

15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carrie Millspaugh  
407 Moffett, Joplin, Mo.

17. (a) Cremation (b) Date thereon July 12, 47  
(Burial, cremation, or removal) (Specify date, day, year)  
(c) Place: burial or cremation Elmwood Crematory  
Kansas City, Mo.

18. (a) Signature of funeral director Hurlbut Mortuary  
(b) Address Joplin, Mo.

19. (a) 7-11-47 (b) Salva Lampkin  
(Date received local registrar) (Registrar's signature) 129

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th  
year 1947 hour 5:15 minute A. M.

21. I hereby certify that I attended the deceased from July 7, 1947 to July 8, 1947  
that I last saw him alive on July 7, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure  
Coronary occlusion

Due to.....  
Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

Duration

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) 2  
While at work?..... (e) Means of injury.....  
Signature W.E. Hinkle  
Address Joplin, Mo Date signed 7/9/47

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

47-8-642

JUN 23 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 *Ray K Zurbach*

Licensed Embalmer No. 959

P. O. Address *Japan Hill*

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.