

V. S. No. 2
100M-2-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30840

State File No. _____

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 237

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

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution: Presnell Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 4 Days years, months or days)

3. (a) PRINT FULL NAME Larry Milliken

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 5. Color of race White

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

6. (b) Name of husband or wife X

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

7. Birth date of deceased: July 16, 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

6 2 8 hr. min.

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

10. Usual occupation X

11. Industry or business X

MOTHER FATHER { 12. Name Otto Milliken

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

14. Maiden name Mildred Vailes

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

16. (a) Informant Otto Milliken

(b) Address Hayti, Mo.

17. (a) Removal (b) Date thereof 9/24/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Finley, Tenn.

18. (a) Signature of funeral director A.D. Smith Funeral Home

(b) Address Caruthersville, Mo.

19. (a) 10-3-1947 (b) Carl Hubbard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

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

(d) Street No. Rural Route 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24
year 1947 hour 4 minute _____ P. M.

21. I hereby certify that I attended the deceased from 9-22, 1947, to 9-24, 1947,
that I last saw h. in alive on 9-24, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Purpura - hemorrhagic
idiopathic

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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? Yes (Specify type of place) (e) Means of injury 0

23. Signature S. K. Resnell (M. D. or other) _____

Address Kennett Mo Date signed 9-27-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Office No. 2,

District Number 1047-1297

Date Filed 10-6-47

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.....

William D. Pike

Registered Apprentice No. 440

working under my personal supervision.

Signed.....

James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Caruthersville, 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.