

FILED NOV 8 1947
Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution: **Pickwick Hotel**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **30 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Charles L. Mills**

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

3. (c) Social Security No. **Unknown**

4. Sex **Male** 0

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mrs. Addie Mae Mills**

6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **August 7th, 1884**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	2	18hr.....min

9. Birthplace **Bloomington Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Special Agent**

11. Industry or business **Paul Revere Life Insurance Co.**

12. Name **Wellington Mills**

13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

14. Maiden name **Rose Payne**

15. Birthplace **England** 4
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Addie Mae Mills**

(b) Address **Edwardsville, Kansas**

17. (a) **Burial** (b) Date thereof **10 - 29 - 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary & Chapel**

(b) Address **104 West 42nd. St. Kansas City, Mo.**

19. (a) **10-29-47** (b) **Heraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** 48

(c) City or town **Kansas City** 3
(If outside city or town limits, write "RURAL")

(d) Street No. **Pickwick Hotel, 10th. & McGee St.** 6
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **25** -
year **1947** hour **5** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **March 15, 1940** to **October 25, 1947** -
that I last saw him alive on **October 24, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to **myocardial infarction coronary arteries sclerotic** 1 day

Due to **Generalized arteriosclerosis** 7 years

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

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.....

Major findings: Of operations **g/y/a**

Of autopsy.....

PHYSICIAN

Underline the cause of which death should be charged statistically.

Signature **Grabam Asher** (M. D. or other) 10-29-47
Address **1220 N. W. 2nd St.** Date signed **10-29-47**

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Walter H. Carwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.