S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35053

FILED OCT 27 1947

Registration District No. 209 — Primary Registration District No. 3043 — Registrar's No. 360

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3215 Marsh Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Marion 64
(c) City or town: Hannibal 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 3215 Marsh Ave 4
(If rural, give location) 5
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Sarah E. McMillin
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow 2
6. (b) Name of husband or wife: Cassius
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: December (Month) 5 (Day) 1854 (Year)

8. AGE: Years	Months	Days	If less than one day
92	10	10	..... hr. ..... min.

9. Birthplace: Pike Co (City, town, or county) Mo (State or foreign country) 6
10. Usual occupation: Retired
11. Industry or business .....
FATHER
12. Name: Oliver McMillin
13. Birthplace: — (City, town, or county) Ky (State or foreign country) 1
MOTHER
14. Maiden name: Mary Hedeshell
15. Birthplace: — (City, town, or county) Ky (State or foreign country) 1
16. (a) Informant: Carl McMillin
(b) Address: 3215 Marsh Ave Hannibal Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Harber Mo
18. (a) Signature of funeral director: James O'Donnell
(b) Address: Hannibal Mo
19. (a) 10-21-47 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature) 109

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15 year 1947 hour — minute 8:55 P. M.
21. I hereby certify that I attended the deceased from Jan 1 1947 to Oct 15 1947 and that I last saw her alive on Jan 15 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congestive Heart failure	1 Mo
Thrombosis	1 Mo
Due to Coronary Thrombosis	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: CH
Of autopsy: CH

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 .....
23. Signature: H B Norton (M. D. or other)
Address: Hannibal Mo Date signed: 10-21-47

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

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

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 H. M. McDonnell

Licensed Embalmer No. 3889

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.