

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36777

FILED OCT 23 1947
Registration District No. 323

Primary Registration District No. 4478

Registrar's No. 106

1. PLACE OF DEATH:

(a) County Schuyler
(b) City or town Jamester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community NO

3. (a) PRINT FULL NAME CLARENCE C McMillan

3. (b) If veteran, name war World War I 3. (c) Social Security No. none

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nealy McMillan 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July 18 1890 (Month) (Day) (Year)

8. AGE: Years 57 Months 2 Days 10 If less than one day hr. — min. —

9. Birthplace Arkansas City (City, town, or county) Kans (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name John M C Millan

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

14. Maiden name Twina Ware

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

16. (a) Informant Otis McMillan

(b) Address Bloomfield Iowa

17. (a) Burial (b) Date thereof Oct 12 47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Archie, Mo.

18. (c) Signature of funeral director P. O. Fenton

(b) Address Jamester Mo

19. (a) 10/14/47 (b) Ans. D. Drake (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Schuyler
(c) City or town Jamester (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10th year 1947 hour 10:30 minute 7 M.

21. I hereby certify that I attended the deceased from Oct 22, 1947, to Oct 6, 1947; that I last saw him alive on Oct 10, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

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

23. Signature R. E. Vaughan (M. D. or other)

Address Jamester, Mo. Date signed Oct 12 1947

OCT 27 1947
OCT 25 1947

RECEIVED
District Health Officer No. 10
District File Number 10-47-144-
Date Filed OCT 21 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.....

James J. Taylor, Registered Apprentice No. 436
working under my personal supervision.

Signed P. O. Fenton

Licensed Embalmer No. 3705

P. O. Address Falmouth Me

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.