

FILED NOV 21 1947

Registration District No. _____

Primary Registration District No. 4180

Registrar's No. 31

1. PLACE OF DEATH: *Dunklin*

(a) County *Dunklin*

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community *65 yr*
years, months or days

2. USUAL RESIDENCE OF DECEASED: *35*

(a) State *Mo.* (b) County *Dunklin* *1*

(c) City or town *Campbell* *0*
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME *Andrew Lee Milam*

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex *Male*

5. Color or race *White*

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

6. (b) Name of husband or wife *Annie Milam*

6. (c) Age of husband or wife if alive *73* years

7. Birth date of deceased *Sept. 15 1862*
(Month) (Day) (Year)

8. AGE: Years *85* Months *6* Days *3* If less than one day _____ hr. _____ min.

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

10. Usual occupation *Merchant & Farmer*

11. Industry or business _____

MOTHER FATHER

12. Name *B. Mulgins*

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

14. Maiden name *W.K.*

15. Birthplace *W.K.* (City, town, or county) (State or foreign country)

16. (a) Informant *Mrs. Annie Milam*

(b) Address *Campbell*

17. (a) *Burial* (Burial, cremation, or removal) (b) Date thereof *Oct. 21-47*
(Month) (Day) (Year)

(c) Place: burial or cremation *Woodlawn*

18. (a) Signature of funeral director *Landry F. White*

(b) Address *Campbell Mo.*

19. (a) *11/7/47* (Date received local registrar) (b) *Mrs. Beulah Campbell* (Registrar's signature) (c) *Mo.* (State)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Oct.* day *18th* year *1947* hour *9:20* minute *P.* M.

21. I hereby certify that I attended the deceased from *Sept. 15th* 1947 to *Oct. 18th* 1947; that I last saw him alive on *Oct. 18th* 1947; and that death occurred on the date and hour stated above.

Immediate cause of death *Recurrent Carcinoma of left Submaxillary gland*

Due to _____

Due to _____

Other conditions *50%*
(Include pregnancy within 3 months of death)

Major findings: *Carcinoma of left Submaxillary gland*

Of operations _____

Of autopsy _____

Duration *5 mo +*

PHYSICIAN _____

Underline the cause to 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? _____

While at work? _____ (Specify type of place)

(e) Means of injury *0*

23. Signature *Wallace Arselley* (M. D. or other) *md.*

Address *Campbell Mo.* Date signed *10/24/47*

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

RECEIVED
District Health Office No. 2,
District File Number 1147-1494
Date Filed 11-19-82

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 E. W. Anderson

Licensed Embalmer No. 2-289

P. O. Address Campbell

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.