

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

National Office of Vital Statistics
FILED JAN 26 1948 7

Primary Registration District No. 5587

Registrar's No. 10

1. PLACE OF DEATH: Jasper

(a) County..... Jasper

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

(c) Name of hospital or institution:
8 Miles No. on highway #71 3

(d) Length of stay: In hospital or institution..... 5 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State..... Missouri (b) County..... Jasper

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

(d) Street No..... Route #2
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME..... John Edward MILLARD

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

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8th.
year 1948 hour 2:10 minute P. M.

4. Sex..... Male

5. Color or race..... White

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

6. (b) Name of husband or wife..... Mary Jones Millard

6. (c) Age of husband or wife if alive..... 15 years 1870

7. Birth date of deceased..... April 15, 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 19... to 19...
that I last saw him alive on 19... and that death occurred on the date and hour stated above.

Duration

8. AGE:	Years	Months	Days	If less than one day
	77	8	23	hr. min.

Immediate cause of death:
Fractured Skull
Internal Hemorrhage
Crushed Chest

9. Birthplace..... Barton Co., Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation..... Ret. Farmer

11. Industry or business.....

12. Name..... J. E. Millard Sr., Ill. 1

13. Birthplace..... Unknown Ill. 1
(City, town, or county) (State or foreign country)

14. Maiden name..... Florence Burgess

15. Birthplace..... Unknown N.Y. 1
(City, town, or county) (State or foreign country)

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

Major findings:
Of operations..... 17 Dec 8

Of autopsy.....

PHYSICIAN

Underline the cause of which death should be charged statistically.

16. (a) Informant..... Mr. Ralph Millard

(b) Address..... Route #2 Carthage, Mo.

17. (a) Burial (b) Date thereof..... 1-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Paradise Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... Accident

(b) Date of occurrence..... 1/11/48

(c) Where did injury occur..... East Carthage, Jasper, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, or farm, in industrial place, in public place?..... Public place on highway #66
(Specify type of place)

While at work?..... No (Specify means of injury)

18. (a) Signature of funeral director..... Ed. C. Ulmer

(b) Address..... Carthage, Mo.

19. (a) 1-13-1948 (b) L. B. Clinton, Jr.
(Date received local registrar) (Registrar's signature)

23. Signature..... L. B. Clinton, Jr. (M. D. or other) 1/13/48

Address..... Date signed.....

Collision with other M. vehicle

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

MOTHER FATHER

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.....

Marion V. McCormick
 Marion V. McCormick

Registered Apprentice No. 17

working under my personal supervision.

Signed.....

Gene C. Pugh
 Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.