No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 1 1948
Registration District No. 59

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11811
Primary Registration District No. 4095
Registrar's No. 75

1. PLACE OF DEATH:
(a) County Cass.
(b) City or town Drexel. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Not in hospital. At own home. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Does not apply. (Specify whether
In this community 46 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County Cass. 19
(c) City or town Drexel. Mo. (If outside city or town limits, write "RURAL") 0
(d) Street No. No Street Numbers. (If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country Does not apply.

3. (a) PRINT FULL NAME MARGARET RICE MILLS.
3. (b) If veteran, name war None.
3. (c) Social Security No. None.
4. Sex Female
5. Color or race White.
6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife Ben N. Mills,
6. (c) Age of husband or wife if alive Dcsd. years
7. Birth date of deceased December, 29th, 1867. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	3	20	hr. min.

9. Birthplace Near, Pleasant Hill, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation At Home.
11. Industry or business Household duties.
FATHER
12. Name John W. Robinson.
13. Birthplace Lancaster, Kentucky. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna Eliza Burns,
15. Birthplace Lancaster, Kentucky. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Mary Wright,
(b) Address Drexel, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/48. (Month) (Day) (Year)
(c) Place: burial or cremation Glenwild Cemetery.
18. (a) Signature of funeral director [signature]
(b) Address Drexel, Missouri.
19. (a) 4/21/1948. (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April, day 19
year 1948. hour 12 minute 40 P. M.
21. I hereby certify that I attended the deceased from Jan 17, 1948 to April, 19, 1948
that I last saw her alive on April 19, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive Heart Failure,	3 mo
Due to	
Due to	
Other conditions Cerebral Arteries Sclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 0
23. Signature Basil O. Hartwell (M. D. or XXXXXX
Address Drexel, Mo. Date signed 4/21/1948.

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

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 Personally

~~Registered Apprentice No.~~

working ~~under my personal supervision~~

Signed [signature]

Licensed Embalmer No. 1950

P. O. Address Drexel, Missouri.

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.