FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13397

FILED MAY 13 1948

Registration District No. 212 Primary Registration District No. 5780 Registrar's No. 23

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Miller
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Olean
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME Mollie McMillin
3. (b) If veteran, name war no
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~~ Tillman - H - McMillin
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Feb (Month) 18 (Day) 1872 (Year)

8. AGE: Years 76 Months 2 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Miller Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name Robert - Davidson
13. Birthplace unknown (City, town, or county) (England) (State or foreign country)
MOTHER
14. Maiden name Mary - Livonia - Miller -
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Howard - R - McMillin
(b) Address Olean Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation Olean - Cem
18. (a) Signature of funeral director Keith McKays
(b) Address Eldon Mo
19. (a) 4-30-48 (Date received local registrar) (b) Alberretta Waltz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1948 hour 2 minute 45 A M.
21. I hereby certify that I attended the deceased from Mch 26, 1948, to Apr 28, 1948; that I last saw her alive on Mch 26, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart Bloc	Sudden
Due to Myocarditis	?
Due to	
Other conditions (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
23. Signature G. D. Walker (M. D. ~~or other~~)
Address Eldon Mo Date signed 4/29/48

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

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

FEB 17 1948
RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 11 1948

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 Keith M. Kays

Licensed Embalmer No. 3998

P. O. Address Ellon 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.