FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 16 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22256

Primary Registration District No. 1000

Registrar's No. 850

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 13 yr. 10 mo 7 days (Specify whether years, months or days)
In this community: 13 yr. 10 mo 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Andrew 2
(c) City or town: Rural St. Joseph 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural RFD #2 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country:

3. (a) PRINT FULL NAME: Lloyd Milbourn
3. (b) If veteran, name war: no
3. (c) Social Security No.: none

4. Sex: male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: single 0
6. (b) Name of husband or wife: — —
6. (c) Age of husband or wife if alive: — — years
7. Birth date of deceased: Aug. (Month) 26 (Day) 1910 (Year)

8. AGE: Years 37 Months 11 Days 11 If less than one day ... hr. ... min.

9. Birthplace: Andrew Co (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation: Laborer
11. Industry or business:
12. Name: Henry Milbourn (FATHER)
13. Birthplace: unk (City, town, or county) Mo (State or foreign country) 0
14. Maiden name: Ida Akers (MOTHER)
15. Birthplace: unk (City, town, or country) Mo (State or foreign country) 0
16. (a) Informant: Henrig Milbourn
(b) Address: St. Joseph Mo. R.R. 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Cemetery
18. (a) Signature of funeral director: Stoney Funeral Home
(b) Address: St Joseph Mo
19. (a) 8/12/48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7th year 1948 hour 3 minute 15 A M.
21. I hereby certify that I attended the deceased from July 1, 1948, to Aug. 7, 1948; that I last saw him alive on Aug 7, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Hemorrhage	
Due to: Pulmonary Tuberculosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autops:	

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: Forrest D Komas (M. D. [redacted])
Address: St. Joseph Mo Date signed 8/7-48
c/o State Hospital No 2

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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed Charles M. Harm

Licensed Embalmer No. 4487

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.