S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 22 1948

Registration District No. 156

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30132

Primary Registration District No. 2001

Registrar's No.

49
2
5

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 809 Hill Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 80 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jaspe 47

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. i809 Hill Street 5
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Mollie L. Mills

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife .....

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

7. Birth date of deceased August 10, 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
83	0	20	..... hr. ..... min.

9. Birthplace Christian County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Benjamin F. Ruyle /
13. Birthplace DK
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Warren
15. Birthplace DK /
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Mills

(b) Address 2646 East 8th St Joplin,

17. (a) Burial (b) Date thereof 9-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director Thornhill-Dillon

(b) Address Joplin, Missouri

19. (a) 9-13-48 (b) Ed D James
(Date received local registrar) by Delaney Sampkins DR (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ASept day 1
year 1948 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec 20, 1947, to Sept 1, 1948;
that I last saw her alive on Aug 28, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial degeneration with decompensation	1½ yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93 D
Of autopsy

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature Ernest Mitchell (M. D. or other)

Address Joplin Mo Date signed 9-3-48

(Licensed Embalmer's Statement on Reverse Side)

48-9-783

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 Cecil A. Thornhill

Licensed Embalmer No. 3590

P. O. Address Joplin 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.