FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 19 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36999

Registration District No. 146 — Primary Registration District No. 3026 — Registrar's No. 332

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 815 North Liberty (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community: 26 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Independence (If outside city or town limits, write "RURAL")
(d) Street No.: 815 North Liberty (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: MARTHA PERMELIA MILLS
3. (b) If veteran, name war: ----------
3. (c) Social Security No.: ----------
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: William H. Mills
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: January (Month) 9 (Day), 1869 (Year)

8. AGE: Years 79 | Months 9 | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace: Cameron, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: None
11. Industry or business: None

MOTHER FATHER
12. Name: William Bozarth
13. Birthplace: ? (City, town, or county) Kentucky (State or foreign country)
14. Maiden name: Cochran
15. Birthplace: ? (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Miss Frances M. Mills
(b) Address: Independence, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/6/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn Cemetery
18. (a) Signature of funeral director: Roland R. Speaks
(b) Address: Independence, Missouri
19. (a) 11-6-48 (Date received local registrar) (b) [signature] (Registrar's signature) 3545

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4th, year 1948 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 11, 1935 to Nov 4, 1948, that I last saw her alive on Oct 30, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Sclerosis	6 mo
Due to: General Arteriosclerosis	4 years
Due to:	
Other conditions (Include pregnancy within 3 months of death): Arthritis Deformans	12 years

Major findings: Of operation: No operation
Of autopsy: No 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? ____ While at work? ____ (Specify type of place) (e) Means of injury

23. Signature: Hal Allen M.D. (M.D. or other)
Address: Independence Date signed: Nov 5/48

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

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

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 Stanley M. Seaton

Licensed Embalmer No. 4504

P. O. Address Independence, 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.