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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 5 1949

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39876

Registration District No. 122 Primary Registration District No. 4201 Registrar's No. 1

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: ---------- 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---------- (Specify whether
In this community 2 hours
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

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

(d) Street No. ----------
(If rural, give location)

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

If yes, name country ----------

3. (a) PRINT FULL NAME Donald John Edward Mills

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

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

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife Donald Edward Mills

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

7. Birth date of deceased November (Month) 24th (Day) 1948 (Year)

8. AGE: Years | Months | Days | If less than one day Two hr. ..... min.

9. Birthplace Republic Mo. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation ~~House work~~ - None

11. Industry or business ~~House keeping~~

FATHER
12. Name Donald Edward Mills 1
13. Birthplace Nebraska (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jean Marie Dan hauer
15. Birthplace Denver Colorado (City, town, or county) 1 (State or foreign country)

16. (a) Informant Lowell Snaefer

(b) Address 1811 Lee St Springfield Mo

17. (a) ~~November 26-48~~ (Burial, ~~cremation, or removal~~) (b) Date thereof 11-26-48 (Month) (Day) (Year)

(c) Place: burial or cremation Burial Wade cemetery

18. (a) Signature of funeral director R. E. Thurman

(b) Address Republic Mo.

19. (a) Nov-26-48 (Date received local registrar) (b) Florence Britain (Registrar's signature) 100

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24 year 1948 hour 10PM minute ..... M.

21. I hereby certify that I attended the deceased from 11-24-48 ....., 19...., to 11-24-48, 19....; that I last saw him alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death cerebral Remanhage

Due to incident to delivery

Due to

Other conditions ——
(Include pregnancy within 3 months of death)

Major findings:
Of operations 160

Of autopsy

Duration

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

23. Signature [signature] (M. D. or other)

Address Republic, Mo. Date signed 11-26-48

(Licensed Embalmer's Statement on Reverse Side)

Greene County Health Office
County File Number 48-12-88
Date Filed 1-4-49

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 R E Thurman

Licensed Embalmer No. 503

P. O. Address Republic 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.