

FILED NOV 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37418

4664

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. *If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY OR TOWN Kansas City		c. LENGTH OF STAY (in this place) (township) 1 year		c. CITY OR TOWN Kansas City		3	
d. FULL NAME OF HOSPITAL OR INSTITUTION K.C. Mun. Tuberculosis Hosp.				d. STREET ADDRESS (If rural, give location) 514 1/2 Main 27			
3. NAME OF DECEASED a. (First) Louis? b. (Middle) winus? c. (Last) Mills			4. DATE OF DEATH (Month) (Day) (Year) Nov. 2-1949				
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3		8. DATE OF BIRTH Dec. 4-1892	
9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months 10 Days 29		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter			10b. KIND OF BUSINESS OR INDUSTRY ?		11. BIRTHPLACE (State or foreign country) Union Town, Ken.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME a. D. Mills			13b. MOTHER'S MAIDEN NAME Laura Buckman		14. NAME OF HUSBAND OR WIFE Pansy Elizabeth Mills		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 496-05-8849		17. INFORMANT'S SIGNATURE OR NAME K.C. Mun. Tuberculosis Hosp.			ADDRESS K.C. Mo
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis - Far Adv. - Active				INTERVAL BETWEEN ONSET AND DEATH 7 1 year			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from March 12, 1949, to November 2, 1949, that I last saw the deceased alive on November 2, 1949, and that death occurred at 7:15 A. M., from the causes and on the date stated above.							
23a. SIGNATURE G. K. Landis, M.D. (Degree or title)				23b. ADDRESS Leeds Sanitarium, Leeds, Mo.		23c. DATE SIGNED 11-2-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 5, 1949		24c. NAME OF CEMETERY OR CREMATORY Roller Cemetery		24d. LOCATION (City, town, or county) (State) Seligman Missouri	
DATE REC'D BY LOCAL REG. 11-3-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CULVER FUNERAL HOME, Cassville, Missouri			

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

FEB 4 1932

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Chas E Wilks

Licensed Embalmer, No. 2644

P. O. Address Kansas City 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.