REC'D SEP 26 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29288
Do not use this space.

1. PLACE OF DEATH
(a) County LACLEDE — Registration District No. 449
(b) Township — Primary Registration District No. 2267 — Registered No.
(c) City LEBANON — (d) Street No. HARRIS HOTEL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME GUSTAVE AMBROSE McMILLEN 254
(a) Residence, No. HARRIS HOTEL St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 19-1864

7. AGE: YEARS 74 | MONTHS 4 | DAYS 12 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MARYS Co Mo

FATHER
13. NAME JAS McMILLEN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PA.

MOTHER
15. MAIDEN NAME SARAH BONNER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PA.

17. INFORMANT Joe McMillen
(ADDRESS) Lebanon Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE LEBANON Mo DATE AUG 3 1938

19. FUNERAL DIRECTOR PALMER'S
(ADDRESS) LEBANON

20. FILED 8-2-1938 J. A. McCowell
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) ~~July~~ AUG 1ST, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938, to Aug 1, 1938
I last saw him alive on Aug 1, 1938. Death is said to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	1931
GJR	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Phy. Exam. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible], M. D.
(Address) Lebanon Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 7,
District File Number 7-38-88
Date Filed 9/12/38

STATEMENT BY LICENSED EMBALMER

I, D A Palmer, Licensed Embalmer No. 1161

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Joe

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed D A Palmer

Licensed Embalmer No. 1161

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