

1937 MAR 9

1937

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

B. of H.

5351

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 550
 (c) City or Kansas City, Mo. (d) Street No. 509 Woodland Avenue, K.C. Mo. 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 Lee Elmer Mills

(a) Residence, No. 509 Woodland Avenue, K.C. Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4th, 1871

7. AGE YEARS 67 MONTHS 5 DAYS 3 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

FATHER 13. NAME Hugh C. Mills

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Sarah A. Barnes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT Grace Mills
 (ADDRESS) 509 Woodland Avenue, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lepika Ranch DATE Feb. 10 - 1939

19. FUNERAL DIRECTOR (NAME) Mrs. C.L. Forster
 (ADDRESS) 918 Brooklyn Avenue, K.C. Mo.

20. FILED 79 1937 Dr. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7th, 1939

22. I HEREBY CERTIFY, That I attended deceased from

Deputy Coroner, 19..... Death is said to have occurred on the date stated above, at 2:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Date of onset
Shot wound of left chest
Laceration of heart
 Other contributory causes of importance:
Myocardial infarction 16th

Name of operation Date of 1939
 What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Homicide Date of injury 2-7-1939
 Where did injury occur? K.C. Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, at home, or in public place.

Manner of injury Shot
 Nature of injury gun

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Yes
 (Signed) Dr. H. B. Butler M. D.
 (Address) 509 Woodland Ave. K.C. Mo.

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.