

FILED MAR 15 1940

Registration District No. _____

Primary Registration District No. **405-8**

Registrar's No. **8**

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

1. PLACE OF DEATH:

(a) County Caldwell
 (b) City or town Hamilton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location) 2
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 60 years years, months or days

3. (a) PRINT FULL NAME James McMillan

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race Colored

3. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Cynthia McMillan

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Sept 3 1856

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>5</u>	<u>16</u>	_____ hr. _____ min.

9. Birthplace Camden Mo

(City, town, or county) (State or foreign country)

10. Usual occupation Day Laborer Retired

11. Industry or business _____

12. Name George McMillan

13. Birthplace Camden Mo

(City, town, or county) (State or foreign country)

14. Maiden name Patton

15. Birthplace Camden Mo

(City, town, or county) (State or foreign country)

16. (a) Informant James Mason

(b) Address Hamilton Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Feb 22 40 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director H. R. Haughton

(b) Address Hamilton Missouri

19. (a) Feb 22 1940 (Date received local registrar)

(b) Merle Brown 100 (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell
 (c) City or town Hamilton (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19th.
 year 1940 hour two minute 20 A. M.

21. I hereby certify that I attended the deceased from Feb. 14th 1940 to Feb. 18th. 1940;
 that I last saw him alive on Feb. 18th. 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death

Bronchial Pneumonia.

Duration

9da

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

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?

While at work? _____

(Specify type of place)

(e) Means of injury _____

23. Signature J. G. Boussem (M.D. or other) 3

Address Hamilton, Mo.

Date signed Feb 20

RECEIVED

District Health Officer No. 11,
District File Number 390-368

Date Filed **MAR 13 1940**

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.....

J. R. Loughton

....., Registered Apprentice No.

working under my personal supervision.

Signed *J. R. Loughton*

Licensed Embalmer No. *3854*

P. O. Address *Hamilton 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, above space should be left blank.