

FILED SEP 25 1940

STANDARD CERTIFICATE OF DEATH

State File No. 29382

Registration District No. 691 Primary Registration District No. 4413 Registrar's No.

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Carden Point Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(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 50 years (Specify whether)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte
(c) City or town Carden Point, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. None (If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26th
year 1940 hour 11-A.M. minute M.

21. I hereby certify that I attended the deceased from
June 31 - 1940 to Aug 24 - 1940;
that I last saw her alive on August 24, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death
Inanition
Myo-Carlin's

Due to acute Renal insufficiency
Renal insufficiency

Due to Berth's Anemia

Other conditions: Berth's Anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

8. (a) PRINT FULL NAME Lucinda McMillian 254

8. (b) If veteran, name war No 8. (c) Social Security No. NO

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James McMillian 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Mch. 6th. 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 5 20 hr. min.

9. Birthplace Platte Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeping

11. Industry or business None

12. Name John Bledsoe

13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Moore

15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Joan McMillian

(b) Address Carden Point, Missouri

17. (a) Burial (b) Date thereof Aug. 28, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carden Point, Mo.

18. (a) Signature of funeral director Levian Davis
(b) Address Dearborn, Missouri

19. (a) Aug 26 1940 (b) E. R. Hull
(Date of local registrar) (Registrar's signature)

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?

622 (Specify type of place)
While at work? (e) Means of injury

23. Signature Eugene R. Hull (M. D. or other) 1
Address Carden Point Mo. Date signed Sept 5 1940

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

RECEIVED
District Health Officer No. 11
District File Number 940-1361
Date Filed SEP 11 1940

12-07

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Lucian Davis

Licensed Embalmer No. 4160

P. O. Address Seabrook 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..