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21492

FILED OCT 18 1940

Registration District No. 092

Primary Registration District No. 4300

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Montgomery City
(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) 20
(d) Length of stay: In hospital or institution 21 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Millard Filmore See

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Lona See 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased June 2nd 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 12 If less than one day hr. _____ min. _____

9. Birthplace Montgomery County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Noah See

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

14. Maiden name Mary A. Sailor

15. Birthplace Montgomery Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas J. Weeks

(b) Address Fayette Missouri

17. (a) Burial (b) Date thereof 9/16/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City Cem

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo

19. (a) Sept. 15, 40 (b) Buell Wenzel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town _____ (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 Sept. day 14
year 1940 hour 7⁰⁰ minute a M.

21. I hereby certify that I attended the deceased from Sudden death, 1940 to Sept. 13, 1940; that I last saw him alive on Sept. 13, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration Sudden

Due to Chronic Myocarditis & Decompensated Heart 3 yrs

Due to _____

Other conditions (include pregnancy within 3 months of death) 920

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? 522

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature E. T. Anderson, MD (M. D. or other) MD

Address Montgomery City Date signed 9/14/40

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

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..... on the
day of September 1940....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 1487

P. O. Address Montgomery City, Mo

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

If this body is not embalmed, above space should be left blank.