

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11025

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County JASPER
(b) City or town Joplin
(c) Name of hospital or institution:
1502 Connecticut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JASPER
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1502 Connecticut
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME FRANK EDWARD MILAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. 500-05-6774

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

6. (b) Name of husband or wife Mary Ellen Milan 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 1 1881
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>59</u> | <u>3</u> | <u>16</u> | hr. _____ min. _____ |

9. Birthplace Joplin Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation W.P.A.

11. Industry or business _____

12. Name Henry Milan

13. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Red

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Alba Christi
(b) Address Joplin, Missouri

17. (a) Burial (b) Date thereof March 18 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ferguson Cemetery

18. (a) Signature of funeral director Langley Mortuary

(b) Address 1502 Joplin St Joplin, Mo

19. (a) 3-17-41 (b) Ed D. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 16
year 1941 hour 6 minute 00 P. M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him alive at home and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Epilepsy

Due to _____

Other conditions g20
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? 3721

While at work? _____ (Specify type of place) (a) Means of injury Car

23. Signature R. V. Roberts (M. D. or other) Boover

Address Carthage Mo Date signed May 17 41

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

49
2
5

49
2
5

MOTHER FATHER

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

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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, fact should be so stated above.