

No. 2
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5-17-39
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FILED JUL 23 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21575

Registration District No. 264

Primary Registration District No. 5367

Registrar's No.

32
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0

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

I. PLACE OF DEATH:

(a) County De Kalb
(b) City or town Rural Grant Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME CHARLES TERRY MILLS
(b) If veteran, _____ name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 15 year 1941 hour 10 minute 0 P.M.
21. I hereby certify that I attended the deceased from APRIL 27 1941 to JUNE 15 1941 that I last saw him alive on JUNE 15 1941 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife SARAH MILLS 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased MAR. 29 1867
(Month) (Day) (Year)

Immediate cause of death HYPOSTATIC BRONCHOPNEUMONIA Duration 36H.
Due to CHRONIC MYOCARDITIS UNDET.
CHRONIC BRIGHTS DISEASE "
Due to PROSTATIC HYPERTROPHY "
Other conditions DECUBITUS ULCERS 3 WKS
Major findings: 1218
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years 24 Months 7 Days 16 If less than one day _____ hr. _____ min.
9. Birthplace DE KALB Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation FARMER

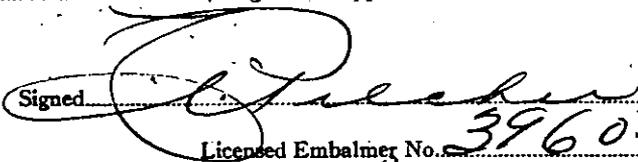
MOTHER FATHER
11. Industry or business _____
12. Name BENJAMIN H. MILLS
18. Birthplace LOUISVILLE KY (City, town, or county) (State or foreign country)
14. Maiden name ELIZA TERRY
15. Birthplace AKRON OHIO (City, town, or county) (State or foreign country)

16. (a) Informant John Mills
(b) Address Maysville Mo
17. (a) Rural (Burial, cremation, or removal) (b) Date thereof June 17 41 (Month) (Day) (Year)
(c) Place: burial or cremation Woods Cemetery
18. (a) Signature of funeral director John Mills
(b) Address Maysville Mo
19. (a) June 17 41 (Date received local registrar) (b) Mrs. Kessler (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? 23A
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature John M. Coyle M.D. (D. or other) _____
Address MAYSVILLE MO Date signed 6-18-41

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. 3960
P. O. Address Mayville, N.Y.

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.