No. 2
4-41
7-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1941

Registration District No. 40

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4024

State File No. 24427

Registrar's No. 29

1. PLACE OF DEATH:
(a) County: Barton
(b) City or town: Lamar Mo.
(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)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days)
In this community: 32yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Barton 006
(c) City or town: Lamar
(If outside city or town limits, write "RURAL")
(d) Street No.:
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Earl Emanuel Mills
3. (b) If veteran, name war:
3. (c) Social Security No. 487-05-0169
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mrs Pauline Mills
6. (c) Age of husband or wife if alive: 57 years
7. Birth date of deceased: Oct 17th, 1881 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	8	14	hr. min.

9. Birthplace: Chillicothe, MO (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Broom Maker
11. Industry or business:
FATHER 12. Name: James Mills
13. Birthplace: unknown (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name: Sarah Clem
15. Birthplace: unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Mrs Pauline Mills
(b) Address: Lamar, MO.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-3-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Rogersville, MO
18. (a) Signature of funeral director: River Funeral Home
(b) Address: Lamar, MO
19. (a) July-2-1941 (Date received local registrar) (b) Mrs. Josephine Mynatt (Registrar's signature)
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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 1st year: 1941 hour: 12 minute: noon A.M.
21. I hereby certify that I attended the deceased from March 1941 to July 1 1941; that I last saw him alive on July 1 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Failure — Duration
Due to: Chronic Myocarditis
Due to:
Other conditions (Include pregnancy within 3 months of death): 9 7 A
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: James A. Atkins (M. D. ~~or other~~) D
Address: Lamar, Mo. Date signed: 7/2/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 841-1284
Date Filed AUG 5 1941

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. 3141

P. O. Address Lamar, Mo.

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

If this body is not embalmed, fact should be so stated above.