

No. 2  
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23159

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

17864

FILED JUN 18 1942

State File No. \_\_\_\_\_

Registration District No. 251

Primary Registration District No. 5350

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Daviess  
(b) City or town Rural Grand River Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 3 Miles South Jameson, Mo 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess  
(c) City or town Rural Grand River Twp  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3 Miles South Jameson  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10  
year 1942 hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased from May 9 1942 to May 19 1942  
that I last saw her alive on May 9 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Aspotic pneumonia

Due to Fracture femur from fall on floor

Other conditions (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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature J. D. Graham (M. D. or other)  
Address Jameson Mo Date signed May 22 1942

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME Elizabeth C. Mills

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Simon P. Mills 6. (c) Age of husband or wife if alive 17 years

7. Birth date of deceased January 17 1858  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 3 23 hr. min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Joseph Long

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

14. Maiden name Shirley Whisley

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

16. (a) Informant J. K. Mills

(b) Address Jameson, Mo.

17. (a) Burial (b) Date thereof 5-12-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand River Cemetery

18. (a) Signature of funeral director H. O. Jackson

(b) Address Gallatin Mo.

19. (a) 6-2-1942 (b) H. O. Jackson  
(Date received local registrar) (Registrar's signature)

1084 (Licensed Embalmer's Statement on Reverse Side)

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**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 *L. O. Richardson*

Licensed Embalmer No. *3302*

P. O. Address *Lathrop, 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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17864

Registration District No. 251

Primary Registration District No. 5350

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Lewis  
(b) City or town Rural  
(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 \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth C Mills

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan 17 1858  
(Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 3 (If less than one day, in min.)

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry of business \_\_\_\_\_

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day \_\_\_\_\_ Year 1942 Hour \_\_\_\_\_ Minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Slipped and fell on floor in kitchen at home  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (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) Accident  
(b) Date of occurrence May 17 1942  
(c) Where did injury occur? Lawson Drive Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, farm, in industrial place, in public place?  
Yes Large on Farm 3 Miles South  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. J. Graham (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ signed 5/17/42

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

SUPPLEMENTARY

MOTHER FATHER

