

STANDARD CERTIFICATE OF DEATH

State File No. _____

BUREAU OF THE CENSUS
FILED OCT 7 1942

Registration District No. 10

Primary Registration District No. 5037

Registrar's No. 133

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Paris, Call River
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
15 mil So. of Paris, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 6 Days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clinton
(c) City or town Cameron
(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. 1 years.

3. (a) PRINT FULL NAME JAMES RICHARD MILLIGAN

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife If _____
alive _____ years

7. Birth date of deceased MAY 14 1863
(Month) (Day) (Year)

8. AGE: Years 89 Months 4 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Pa. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad Fireman

11. Industry or business _____

12. Name John Milligan

13. Birthplace Pa. 1
(City, town, or county) (State or foreign country)

14. Maiden name Isabella Ingram

15. Birthplace Pa. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Lula B. Dismars

(b) Address Cameron Mo

17. (a) burial (b) Date thereof Sept 18 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gabonne, Mo.

18. (a) Signature of funeral director Wesley Blakey

(b) Address Paris, Mo

19. (a) Sept 17-1942 (b) Margaret A Mackie
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 15
year 42 hour 12 minute 35 A.M.

21. I hereby certify that I attended the deceased from 9-13
1942 to 9-15, 1942;
that I last saw him alive on 9-13 and that death occurred on the date and hour stated above.

Immediate cause of death
Rupture of aneurysm of abdominal aorta
Due to # Non syphilitic
Duration Two months

Other conditions (Include pregnancy within 3 months of death) 96

Major findings: Of operations _____

Of autopsy None

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury MO

23. Signature F. A. Barnett (M. D. or other) _____

Address Paris, Mo Date signed 9-15-42

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

004

RECEIVED

District Health Officer No. 10

District File Number 10-42-1801

Date Filed OCT 2 - 1942

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. 2614

P. O. Address Paris, 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, above space should be left blank.