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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 12 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

21201

State File No.

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 74

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

1. PLACE OF DEATH:
(a) County Cooper.
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Dr. Alex VanRavenswaay Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days. (Specify whether years, months or days)
In this community All of life.

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

3. (a) PRINT FULL NAME Mrs. Sallie Frances Mills.

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Aubrey Mills.

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased August (Month) 29th (Day) 1881 (Year)

8. AGE: Years 61 Months 9 Days 3 If less than one day ___ hr. ___ min.

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

10. Usual occupation Housewife.

11. Industry or business At Home.

FATHER
12. Name Hugh Logan.
13. Birthplace Kentucky. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Davis.
15. Birthplace Missouri. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Theo Jewett.
(b) Address Boonville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3rd/43 (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Grove Cem.

18. (a) Signature of funeral director Goodman & Bollet
(b) Address Boonville, Mo.

19. (a) June-3-43 (Date received local registrar) (b) Dr Chas. Swap. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st year 1943 hour 4 minute p. M.

21. I hereby certify that I attended the deceased from MAY 27, 1943, to JUNE 1, 1943, that I last saw her alive on JUNE 1, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE — Duration 3 DAYS

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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

23. Signature Aubrey H. Wells (M.D. ~~coroner~~)
Address Boonville, Mo. Date signed 6-3-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 7-9-43

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 J. H. Goodman
Licensed Embalmer No. 1176
P. O. Address Boonville, 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.**