

S. No. 2
A-5-42
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25796

State File No.

Registrar's No. 11

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

FILED AUG 5 1943 80

Primary Registration District No. 4418

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Camden Point Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 83

(c) City or town Camden Point 0
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME John James McMillian

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Ethel McMillian

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Dec. 29th, 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	6	12	hr. min.

9. Birthplace Platte Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Black Smith, Mechanic

11. Industry or business None

12. Name James McMillian

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

14. Maiden name Lacey Fredsoe Missouri

15. Birthplace 0
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel McMillian

(b) Address Camden Point Missouri

17. (a) Burial (b) Date thereof 7/13/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Camden Point Cer.

18. (a) Signature of funeral director Lucian Davis

(b) Address Dearborn, Missouri

19. (a) 7/11/1943 (b) Mrs Clay Hifflee
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th.
year 1943 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Merch
Merch 1943 to July 11, 1943;
that I last saw him alive on July 11, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Insufficiency,

Due to Myocarditis,

Due to Cerebral hemorrhage

Other conditions 9322
(Include pregnancy within 3 months of death)

Major findings:
Of operations 0

Of autopsy 0

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?

(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 0

23. Signature E. R. Hull (M. D. or other)

Address Camden Point Mo Date signed July 11, 1943

Duration 1 3/4 hrs

PHYSICIAN 0

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. Platt
District File Number 8-43-76
Date Filed 8-3-43

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 Lucian Davis

Licensed Embalmer No. 4160

P. O. Address Dearborn Missouri

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.