

FILED DEC 12 1945

Registration District No. 290

Primary Registration District No. 4430

Registrar's No.

1. PLACE OF DEATH: Pulaski

(a) County Pulaski

(b) City or town Brookland (on train)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Frisco R.R. Passenger Train #6
(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 Mo. (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 1338 N. Clay Ave.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME BERT A. MILLS

3. (b) If veteran, name war NONE

3. (c) Social Security No. 701-03-5745

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21st
year 1945 hour 3 minute 15 P.M.

4. Sex MALE

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Nov. 3 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>0</u>	<u>18</u>	hr. _____ min. _____

Immediate cause of death Organic Heart Failure

Duration _____

9. Birthplace Lawrence Co. Mo.
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

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

10. Usual occupation R.R. Conductor

11. Industry or business Railroading

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy no. 95

Underline the cause to which death should be charged statistically.

12. Name Rufus E. Mills

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

14. Maiden name Sarah E. Christman

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Natural Cause

(b) Date of occurrence _____

(c) Where did injury occur? Crocker Park, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on Frisco Railroad Train #6.
(Specify type of place)

While at work? yes (e) Means of injury _____

16. (a) Informant Mrs. Leona Mills

(b) Address 1338 N. Clay Ave. Spg. Mo.

17. (a) Burial (b) Date thereof Nov 23-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn Cem.

18. (a) Signature of funeral director J. W. Klingner & Co

(b) Address Springfield, Mo.

19. (a) 11-23-1945 (b) John M. O'Quinn
(Date received local registrar) (Registrar's signature)

23. Signature M. J. Jumper Cover
(M.D. or other) (M.D. or other)

Address Richwood, Mo. Date signed 11/21/45

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

MOTHER FATHER

1111

SEP 20 1946

JAN 7 1946

DEC 27 1945

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. B. Klingner

Licensed Embalmer No. 3358

P. O. Address..... *Springfield 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.