

No. 2  
8-43  
5-17-39  
I X37823

FILED APR 12 1946

Registration District No. 20

Primary Registration District No. 5176

Registrar's No. 18

1. PLACE OF DEATH:

(a) County CAMDEN

(b) City or town AUGLAZE TWP  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
MONTREAL 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 70 YRS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CAMDEN

(c) City or town MONTREAL-rural  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME JAMES EDWARD MILLSTEAD

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 16  
year 1946 hour 11 minute 25 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 1943 to 3-16 1946

that I last saw him alive on 3-46 1946  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife JOSEY SHARP

6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased DEC 19 1956  
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Genitals

Duration 44

8. AGE: Years Months Days If less than one day

89 2 27 hr. min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

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

10. Usual occupation FARMER

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

12. Name JOHN MILLSTEAD

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

14. Maiden name MARY SWEAT

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

16. (a) Informant Edna E. Mithrad

(b) Address MONTREAL MO

17. (a) BURIAL (b) Date thereof MAR 18 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEBANON PALMER'S

18. (a) Signature of funeral director LEBANON MO

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

19. (a) MAR 20 1946 (b) Zilpha J. Drew  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations None

Of autopsy no

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 E. J. Chubb (Physician or other)

Address CAMDEN MO Date signed 3-17-46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

6039

RECEIVED

DEPT. HEALTH Officer No. 7,

DEPT. HEALTH 3-46-289

Date filed 4-5-46

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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..... *R. Palmer* .....

Licensed Embalmer No. *1161* .....

P. O. Address: *Libman Inc.* .....

**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.**