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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10029

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 38

59
1
2

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

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chillicothe Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 wks. (Specify whether
In this community 74 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59
(c) City or town Chillicothe (If outside city or town limits, write "RURAL") 2
(d) Street No. Leeper Hotel (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Bessie Welton Milbank
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife John T. Milbank
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased July (Month) 10, (Day) 1868 (Year)
8. AGE: Years 77 Months 7 Days 29 If less than one day — hr. — min.
9. Birthplace Des Moines (City, town, or county) Iowa (State or foreign country) 1
10. Usual occupation At home
11. Industry or business —

FATHER
12. Name Sevring Palmer 2
13. Birthplace Hamilton Ontario (City, town, or county) Canada (State or foreign country)

MOTHER
14. Maiden name Lida Bassett
15. Birthplace Unknown (City, town, or county) N.Y. (State or foreign country) 1

16. (a) Informant Palmer Milbank
(b) Address Chillicothe, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/46 (Month) (Day) (Year)
(c) Place: burial or cremation Edgewood Cemetery
18. (a) Signature of funeral director Donald F. Gordon
(b) Address Chillicothe, Mo.
19. (a) March - 11-46 (Date received local registrar) (b) Frances B. Neill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1946 hour 8 minute 35 P.M.
21. I hereby certify that I attended the deceased from 30 Jan, 1946, to 9 Mar, 1946; that I last saw her alive on 9 Mar, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute nephritis & uremia	
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.

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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? (Specify type of place)
While at work? (e) Means of injury 1

23. Signature V. D. Vardiva (M. D. or other) M.D.
Address Chillicothe Mo. Date signed 11 Mar 46

171 (Licensed Embalmer's Statement on Reverse Side)

OCT 10 1947

DISTRICT HEALTH OFFICE
Cameron, Mo.

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. Wayne Rollins

Licensed Embalmer No. 1164

P. O. Address. Chillicothe 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.