

Registration District No. **170**

Primary Registration District No. **3033**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Laclede

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

(c) Name of hospital or institution: Wallace Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days
(Specify whether)

In this community entire life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede **53**

(c) City or town Lebanon **1**
(If outside city or town limits, write "RURAL")

(d) Street No. 506 Pierce Ave **2**
(If rural, give location) **0**

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

If yes, name country _____

3. (a) PRINT FULL NAME Edna Mae Millard

3. (b) If veteran, name war _____

3. (c) Social Security No. 493-03-0188

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1947 hour 6 minute 0 P. M.

21. I hereby certify that I attended the deceased from May 5, 1947, to May 16, 1947;
that I last saw her alive on May 16, 1947;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Clyde Millard 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased June 10 1906
(Month) (Day) (Year)

Immediate cause of death: Paralytic ileus **4 days**

Due to mesenteric thrombosis **4 days**

Due to _____

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

40 11 6 hr. min.

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

Major findings:
Of operations _____

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

10. Usual occupation Garment factory employee

11. Industry or business Making clothes

Of autopsy _____

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 ?

12. Name John F. Cassey

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

14. Maiden name Martha Dona French

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

23. Signature James L Hope (M. D. or other)
Lebanon, Mo Date signed 5/21/47

16. (a) Informant Clyde Millard

(b) Address 506 Pierce Lebanon Mo

17. (a) Burial (b) Date thereof 5-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director W. F. Helms

(b) Address Lebanon Mo

19. (a) May 31, 1947 (b) W. F. Helms
(Date received local registrar) (Registrar's signature)

Received ... 6/4/47 -----
Laclede County Health Unit
File No. ... 6/47-93 -----
Date Filed ... 6/4/47 -----

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

Dorsey M. Howe

Licensed Embalmer No.

4222

P. O. Address

Lebanon, 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.