No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32147

Registration District No. 292 Primary Registration District No. 5999 Registrar's No.

1. PLACE OF DEATH:
(a) County Ralls
(b) City or town Center
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ralls 87
(c) City or town Center
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jefferson Davis Millon
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah Jane Rice
6. (c) Age of husband or wife if alive 86 years
7. Birth date of deceased August 22, 1861 (Month) (Day) (Year)
8. AGE: Years 86 Months Days 16 If less than one day hr. min.
9. Birthplace Ralls County Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Real Estate Agent
11. Industry or business xx
MOTHER FATHER
12. Name Edwin Millon
13. Birthplace Virginia (City, town, or country) (State or foreign country)
14. Maiden name Margaret Smith
15. Birthplace Ralls County Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Jefferson Millon
(b) Address Center Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/10/47 (Month) (Day) (Year)
(c) Place: burial or cremation Olivet, Center Missouri
18. (a) Signature of funeral director W. Crawford Smith
(b) Address 902 Broadway Hannibal Missouri
19. (a) 9/9/47 (Date received local registrar) (b) Clyde E. Wiseman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 8 year 1947 hour 11 minute 00 P.M.
21. I hereby certify that I attended the deceased from July 19, 1947, to Sept. 8, 1947 that I last saw him alive on Sept. 8, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis (Chronic)	3 mo.
Due to: Unknown	
Due to: Unknown	
Other conditions: Unknown (Include pregnancy within 3 months of death)	
Major findings: Of operations: None	
Of autopsy: None	

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 2
23. Signature C. H. Brooks (M. D. or other) D.O.
Address Center, Mo. Date signed 9-9-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 9-47-12
SEP 16 1941
Date Filed

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 John S Ward, Registered Apprentice No. 25, working under my personal supervision.

Signed W. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal 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.