300
2-47
7-39
3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 16 1949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42628

Registration District No. 301 — Primary Registration District No. 6032 — Registrar's No. 2367

1. PLACE OF DEATH:

(a) County: Ripley.

(b) City or town: "Rural" Doniphan.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1½ Miles Northeast of Doniphan.
(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: 38 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Ripley.

(c) City or town: "Rural" Doniphan Township
(If outside city or town limits, write "RURAL")

(d) Street No.: 1½ Miles Northeast of Doniphan
(If rural, give location)

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

If yes, name country — — —

3. (a) PRINT FULL NAME: James Mattison Milner.

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: Mary Ann Milner.

6. (c) Age of husband or wife if alive: 57 years

7. Birth date of deceased: March (Month) 10 (Day), 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	9	18	— — — hr. — — — min.

9. Birthplace: Haywood County, North Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation: Farming.

11. Industry or business: Agriculture.

FATHER
12. Name: S. F. Milner.
13. Birthplace: Haywood (City, town, or county) North Carolina (State or foreign country)

MOTHER
14. Maiden name: Margaret Elizabeth Davis.
15. Birthplace: Haywood (City, town, or county) North Carolina (State or foreign country)

16. (a) Informant: Mrs. Ezra Conder.
(b) Address: Doniphan, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Ridge Cemetery.

18. (a) Signature of funeral director: Ray Means.
(b) Address: Doniphan, Missouri

19. (a) 12-30-48 (Date received local registrar) (b) E. B. Johnston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 28 year 1948 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from NOVEMBER 15, 1948, to DECEMBER 28, 1948; that I last saw him alive on DECEMBER 27, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: UREMIA	2 WKS
Due to: CARCINOMA OF PROSTATE	18 MOS
AND DIABETES MELLITIS	
~~Due to~~ ALSO CONGESTIVE HEART FAILURE WITH MITRAL	
~~Other conditions~~ INSUFFICIENCY	

(Include pregnancy within 3 months of death)

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

Major findings:
Of operations: 51B
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

23. Signature: M. Kelly (M. D. ~~or other~~) MD
Address: Doniphan, Mo. Date signed: 29 Dec '48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-4-49
District Health Officer No. 5,
District File Number 14948
Date Filed 1-10-49

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 Ray Means

Licensed Embalmer No. 3743

P. O. Address Doniphan, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.