

BIRTH NO. 124 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5644 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lefington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lefington Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route.</u>	
3. NAME OF DECEASED a. (First) <u>MARY</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>MILLENTRIE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 16 1950</u>	
5. SEX <u>3</u> <u>Female</u>	6. COLOR OR RACE <u>colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 5, 1856</u>
9. AGE (In years last birthday) <u>94</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>23</u>	IF UNDER 1 YEAR Hours <u></u> Min. <u></u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>	11. BIRTHPLACE (State or foreign country) <u>Dover Mo</u>
13a. FATHER'S NAME <u>Robert Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Williams Perry Millentree</u>	14. NAME OF HUSBAND OR WIFE <u>Mr. Alfred Millentree</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Alfred Millentree Lefington Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mal Nutrition</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>old age (94)</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Possibly lack of Professional Nursing</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No. operation</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Rural Lafayette Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>	
22. I hereby certify that I attended the deceased from <u>19</u> , to <u>Dec 1</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Nov. 30</u> , 19 <u>50</u> , and that death occurred at <u>11:30 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J.O. Cope M.D.</u>		23b. ADDRESS <u>Lefington Mo.</u>	23c. DATE SIGNED <u>Dec 16 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 3, 1950</u>	24c. NAME OF CEMETERY OR CREMATOR <u>Oak Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Lefington Mo.</u>
DATE REC'D BY LOCAL REG. <u>Dec 16, 1950</u>	REGISTRAR'S SIGNATURE <u>Wm. S. Salsatovich</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry R. Green</u>	ADDRESS <u>Lefington Mo.</u>

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

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**RECEIVED** 12/18/50  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 12/18/50

**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 \_\_\_\_\_  
\_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Georgette Gwendolyn  
Licensed Embalmer No. 4720  
P. O. Address Northville, Mich.

**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.