

FILED NOV 9 1944

Registration District No. 19

Primary Registration District No. 5041

State File No.

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Cassville Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Flat Creek Juv
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Cassville Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Ollie Belle Mills

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife David Mills 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Jan 4 1874
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 3 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Samuel Ward

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

14. Maiden name Mary Ellen Hovener

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

16. (a) Informant David Mills

(b) Address Cassville Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 9 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cemetery

18. (a) Signature of funeral director Culver

(b) Address Cassville Mo

19. (a) Aug 18 - 1944 (Date received local registrar) (b) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7 year 1944 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 33 to Aug 7 1944
that I last saw her alive on Aug 7 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Liver
Tuberculosis of Lungs
Hypertrophy of Heart

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations H67

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?

23. Signature Clara H. Salyer (Specify type of place) (Date of injury) Mo
Address Cassville Mo Date signed Aug 15

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

MOTHER FATHER

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

RECEIVED

District Health Officer No. 8,

District File Number 1044-1094

Date Filed OCT 30 1944

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 W. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Cassville, 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.