

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30269

Registration District No. 3

Primary Registration District No. 3003

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Monett

(c) Name of hospital or institution:
506 Central Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether in this community Over fifty years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5

(c) City or town Monett 2
(If outside city or town limits, write "RURAL")

(d) Street No. 506 Central Ave. 1
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME ELLA MAE MILLS

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28
year 1947 hour 9 minute 0 P. M.

21. I hereby certify that I attended the deceased from 8-1- 1945 to Aug 28 1947
that I last saw her alive on Aug 28 1947
and that death occurred on the date and hour stated above.

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife William Jordan Mills

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

7. Birth date of deceased march 4 1868
(Month) (Day) (Year)

Immediate cause of death Pulmonary oedema -

Duration

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>5</u>	<u>24</u>	hr. min.

Due to Encephalitis apoplexia

Due to Hemiplegia

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

10. Usual occupation Retired housewife

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business none

Major findings: Of operations 60 B

MOTHER FATHER

12. Name Rev. R. T. Marlow 1

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

14. Maiden name Rebecca Frances Surt

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

16. (a) Informant Mrs Mabel Salzer

(b) Address 506 Central Monett Mo

17. (a) Burial (b) Date thereof Aug 30 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 200 F cm Monett Mo.

18. (a) Signature of funeral director Callaway

(b) Address Monett Mo

19. (a) 8-29-47 (b) W. M. West
(Date received local registrar) (Registrar's signature)

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature W. M. West (M. D. or other)

Address Monett Mo Date signed 8/29/47

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

RECEIVED
District Health Officer No. 6;
District File Number 1047-1017
Date Filed OCT. 10 1947

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 J. R. Buchanan
Licensed Embalmer No. 3179
P. O. Address Monett 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.