

S. No. 2
M-8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12110**

FILED MAR 23 1947

Registration District No. **1**

Primary Registration District No. **6128**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Shannon
(b) City or town Rural Emmer Jwp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Thomas McMillan

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased Feb 16 1882
(Month) (Day) (Year)

8. AGE: Years 65 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Tom McMillan

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

14. Maiden name Winters

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

16. (a) Informant Paul Baker

(b) Address Emmer

17. (a) 2-17-47 (b) Date thereof 2-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Chapel

18. (a) Signature of funeral director John J. Adams

(b) Address Matheis Mrs.

19. (a) 3-1-47 (b) Mabel Rollins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shannon 101
(c) City or town Rural Emmer Jwp
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16
year 1947 hour 12 m. minute _____ M.

21. I hereby certify that I attended the deceased from No Attendance 19 _____

that I last saw him alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 94A

Of autopsy _____

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? _____

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

23. Signature Grade Boyer (M. D. or other) Cosmer

Address Emmer Mo Date signed 2-17-47

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

MOTHER FATHER

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(Licensed Embalmer's Statement on Reverse Side)

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.

Not Embalmed

Signed *John J. Simon*
Licensed Embalmer No. *2516*
P. O. Address *Mitnick Yard*

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.