

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 37

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

94
5
2

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Flat River mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. years (Specify whether in this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Flat River, mo
(If outside city or town limits, write "RURAL.")

(d) Street No. 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mary Ann Mills

3. (b) If veteran, / name war.....

3. (c) Social Security No. /

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 3
year 1948 hour..... minute 10 a M.

21. I hereby certify that I attended the deceased from Jan 15 48 to Feb 3 48
that I last saw her alive on 2-3 48
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Henry Mills 6. (c) Age of husband or wife 87 years
alive

7. Birth date of deceased: March 26 1871
(Month) (Day) (Year)

Immediate cause of death acute & cerebral hypertension with

8. AGE: Years 76 Months 10 Days 7 If less than one day.....hr.....min.

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death) hypertension
arterio-sclerosis general

9. Birthplace near Farmington mo
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business.....

12. Name Alexander Moore

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

14. Maiden name Margaret Solomon

15. Birthplace near Farmington mo
(City, town, or county) (State or foreign country)

16. (a) Informant Henry A. Mills
(b) Address Flat River mo

17. (a) Burial Funeral Home (b) Date thereof 2-5-48
(c) Place: burial or cremation Farmington mo

18. (a) Signature of funeral director Baldwell
(b) Address Flat River

19. (a) 2-6-48 (b) Ether Huss
(Date received local registrar) (Registrar's signature)

Major findings: Chronic interstitial nephritis

Of autopsies.....

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? no Means of injury.....

23. Signature H. O. Parks (M. D. /)
Address St. Charles Mo Date signed 2-4-48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED

District Health Officer No. 4
District File Number 248-185
Date Filed 2-11-48

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. A. Baldwin
Licensed Embalmer No. 3317
P. O. Address Flat River md

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.