

FILED JAN 25 1943
320
Registration District No. _____

Primary Registration District No. **6081**

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

25
000

1. PLACE OF DEATH:

(a) County **Ste. Genevieve** rural **Uniontown**

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

(c) Name of hospital or institution: **none** /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Probably 50 yrs.** (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **St. Genevieve** **95**

(c) City or town **Farmington Mo R 1**
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME **Samuel Patrick Mills.**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **8** year **1943** hour **8** minute **A.** M.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Deceased** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Jan. 14-1859.** (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **March 10 1943** to **Jan 8 1943**
that I last saw him alive on **March 10 1943**
and that death occurred on the date and hour stated above.

8. AGE: Years **83** Months **11** Days **25** If less than one day _____ hr. _____ min.

Immediate cause of death **Chronic Myocarditis**
Due to **Chronic Myocarditis**

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

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

10. Usual occupation **Farmer**

Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER { 12. Name **Samuel G. Mills**
13. Birthplace **Kentucky** (City, town, or county) (State or foreign country)
14. Maiden name **Not Known**
15. Birthplace **Not Known** (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant **Mrs. C. C. Johnson**
(b) Address **Rt. 2 - Farmington Mo.**

17. (a) Burial (b) Date thereof **Jan. 10-43** (Month) (Day) (Year)
(c) Place: burial or cremation **Salem Mo.**

23. Signature **[Signature]** (M. D. or other) _____
Address **Farmington Mo** Date signed **1-8-43**

18. (a) Signature of funeral director **Richardson Funeral Home**
(b) Address **Farmington Mo.**

19. (a) **Jan 11-43** (Date received local registrar) (b) **Rev. Joseph G. Gussner** (Registrar's signature)

856

RECEIVED

strict Health Officer No. 4

strict File Number 143-1643

Date Filed 1-22-43

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 Chas. Richardson.....

Licensed Embalmer No. 3167.....

P. O. Address. Farmington 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.