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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

21244

**FILED JUL 11 1946 STANDARD CERTIFICATE OF DEATH**

State File No. ....

Registration District No. 316

Primary Registration District No. 3061

Registrar's No. 209

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

**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 \_\_\_\_\_  
(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  
(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** George W. Mc Millen  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. **DATE OF DEATH:** Month June day 19  
 year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex Male 5. Color or race CAUC 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Josephine McMillen 6. (c) Age of husband or wife if alive 60 years  
 7. Birth date of deceased April 1, 1883  
(Month) (Day) (Year)

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.  
 Immediate cause of death Verdict of coroner jury "deceased came to his death from heart attack"  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

**8. AGE:** Years Months Days If less than one day  
63 2 19 hr. \_\_\_\_\_ min.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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

10. Usual occupation Salesman

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**  
 12. Name Thomas McMillen  
 13. Birthplace Arkansas  
(City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth Martin  
 15. Birthplace Arkansas  
(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 June 1946  
 (c) Where did injury occur Flat River St. Francois Mo  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
home (hotel)  
 While at work? no (Specify type of place) (e) Means of injury 3

16. (a) Informant Linn McMillen  
 (b) Address Potosi, Missouri

17. (a) Burial (b) Date thereof June 21-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Sparks Funeral Home  
 (b) Address 300 Taylor Ave. Flat River-Mo

19. (a) 6-25-46 (b) Ether R. Rudloff  
(Date received local registrar) (Registrar's signature)

23. Signature Beal J. Miller jr. pld. (M. D. Coroner)  
 Address Potosi Mo. Date signed 6/24/46

RECEIVED

District Health Officer No. 4  
District File Number 746-234  
Date Filed 7-10-46

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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 Murphy L. Sparks  
Licensed Embalmer No. 4536  
P. O. Address East River 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.