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v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38397

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 229

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

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Flat River, Missouri
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Flat River, Missouri
(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 Eva Mae McMillen
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 26 (Day) 1910 (Year)

8. AGE: Years	Months	Days	If less than one day
35	5	25	hr. min.

9. Birthplace Bonne Terre, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Telephone Operator
11. Industry or business

FATHER
12. Name George W. McMillen
13. Birthplace Washington County, Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Josephine Robinson
15. Birthplace Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant George W. McMillen
(b) Address Flat River, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 22-45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Francois Memo Park
18. (a) Signature of funeral director Sparks Funeral Home
(b) Address Flat River, Missouri
19. (a) 11-26-45 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20
year 1945 hour 7:00 A.M. minute M.
21. I hereby certify that I attended the deceased from Oct 27, 1945 to Nov 20, 1945
that I last saw h m alive on Nov 20, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	30 min.
Due to	
Due to	
Other conditions Common cold of 3-4 days duration. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

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

23. Signature J. L. Foster (M. D. or other)
Address Desloge Mo Date signed Nov 22 45

1397 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1245-1436

Date Filed 12-10-45

MAR 7 1946

FEB 18 1946

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 Ernest Sparkes

Licensed Embalmer No. 4287

P. O. Address Flat 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.