

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

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

State File No. 3893

FILED FEB 11 1946

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 31

1. PLACE OF DEATH:  
(a) County St. Francois  
(b) City or town Flat River mo  
(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. years  
In this community years  
years, months or days

3. (a) PRINT FULL NAME Etta Belle Mills  
3. (b) If veteran, name war  
3. (c) Social Security No.

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 if alive 71 years  
7. Birth date of deceased Jan 25 1874  
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 19  
If less than one day hr. min.

9. Birthplace Mine La Motte mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business  
12. Name Mrs. Underwood  
13. Birthplace Madison, Co. mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Bennett  
15. Birthplace Madison Co. mo  
(City, town, or county) (State or foreign country)

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

17. (a) Burial Underwood Cemetery  
(b) Date thereof 6-18-46  
(c) Place of burial or cremation Fredricktown, mo

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

19. (a) Jan 23 1946 (b) Esther Rudloff  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Francois  
(c) City or town Flat River mo 5  
(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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 14 day Jan  
year 1946 hour 6 AM minute M.  
21. I hereby certify that I attended the deceased from Jan 3  
1946 to Jan 14 1946  
that I last saw him alive on Jan 13 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism 1 hr.  
Due to Operation for Cholecystitis - Eda  
Due to previously

Other conditions  
(include pregnancy within 5 months of death)  
Major findings:  
Of operations 111a  
Of autopsy

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 Dr. K. L. [Signature] (M. D. or other)  
Address [Address] Date signed 1-10-46

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

1894

287

RECORDED

District Health Officer No. 4  
District File Number 246-1711  
Date Filed 2-8-46

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 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.