

Registration District No. 156

Primary Registration District No. 5-219

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Harrisonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Grand River Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 years! (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mahala E. McMillan

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 widow
6. (b) Name of husband or wife Samuel S. McMillan 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 23 1864 (Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 14 If less than one day 5 hr. 50 min.

9. Birthplace Tuscumbia MO. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Andrew Bilyear
13. Birthplace Tuscumbia MO 1
(City, town, or county) (State or foreign country)
14. Maiden name Anna Wyck
15. Birthplace Tuscumbia MO 1
(City, town, or county) (State or foreign country)

16. (a) Informant Brooks McMillan
(b) Address Harrisonville Mo.

17. (a) Buried (b) Date thereof March 13 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Layington Cemetery

18. (a) Signature of funeral director J. W. Brown & Son
(b) Address Madison Mo.

19. (a) 3/10/41 (b) [Signature]
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass 19
(c) City or town Rural 8
(If outside city or town limits, write "RURAL")
(d) Street No. Ground River Twp
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1941 hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from March 2, 1941, to March 9, 1941;
that I last saw her alive on March 9, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration and Influenza

Due to _____

Due to 97 W

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

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

E 4/5 (Specify type of place) While at work? (a) Means of injury _____

23. Signature J. S. Triplett M.D. (M.D. or other) D
Address Harrisonville, Mo Date signed 3-10-41

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.....

not Embalmed....., Registered Apprentice No. 777
working under my personal supervision.

Signed.....

[Signature]

Licensed Embalmer No.....

P. O. Address.....

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.