

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Rural CAMDEN Imp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Seven Miles Southwest of Orrick
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Nine Years
years, months or days

3. (a) PRINT FULL NAME Minnie Louise Millar

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 Widowed
6. (b) Name of husband or wife Alexander Millar 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 11 1862
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace New York City N. Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name James Pettiner
13. Birthplace New York City N. Y.
(City, town, or county) (State or foreign country)
14. Maiden name Ophelia Simonson
15. Birthplace New York City N. Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Teal
(b) Address Route # Orrick, Mo.
17. (a) Burial (b) Date thereof 11-27-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Riffe Cemetery

18. (a) Signature of funeral director B. W. Wood
(b) Address Orrick, Mo.
19. (a) Nov 27 45 (b) Helen J. Larkin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray 87
(c) City or town Rural 9
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 5
(e) Citizen of foreign country? No. (Yes or No) 7
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25
year 1945 hour 12 minute 45 P.M.
21. I hereby certify that I attended the deceased from Nov 1
7 1943 to Nov 25 1945
that I last saw him alive on Nov 25 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 1 week.

Due to Chronic Interstitial Nephritis Unknown

Due to _____

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? _____

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

23. Signature Kirgil E. Shade (M. D. or other) _____
Address Orrick, Mo. Date signed 11-27-45

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 12-4-45

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

working under my personal supervision.

Signed

J. E. Broadhurst

Licensed Embalmer No.

2171

P. O. Address

Rayville

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.