

FILED SEP 2 1941  
Registration District No. 743

Primary Registration District No. 6237

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Ray County  
(b) City or town Fishing River town  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 5 miles N. W. of Orrick Mo  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 34 years  
years, months or days

3. (a) PRINT FULL NAME Comfort Mills

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife John Mills 6. (c) Age of husband or wife if alive X years  
7. Birth date of deceased Sept 19 1875  
(Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 27 If less than one day  
hr. min.

9. Birthplace Knox County Ky  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name Thomas Hale  
13. Birthplace Knox County Ky  
(City, town, or county) (State or foreign country)  
14. Maiden name Jane Hale  
15. Birthplace ? Ky  
(City, town, or county) (State or foreign country)

16. (a) Informant Viana Pigg  
(b) Address R. F. D. Orrick, Mo

17. (a) Burial (b) Date thereof 7 17 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Church Cem.

18. (a) Signature of funeral director Tibson & Son

(b) Address Orrick, Mo

19. (a) 7-17-41 (b) all Campbell, Mo  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray  
(c) City or town Rural Fishing River town  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5 miles N. W. Orrick Mo  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16  
year 1941 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from July 1, 1941 to July 16, 1941  
that I last saw him alive on July 15, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration July 1

Due to Malignant Hypertension  
Due to

Other conditions (include pregnancy within 3 months of death) 43A

Major findings: Of operations None  
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? \_\_\_\_\_

While at work? (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature all Campbell, Mo (M. D. or other) all Campbell, Mo  
Address Orrick, Mo Date signed 7-17-41

RECEIVED  
District Health Officer No. 8,  
District File Number  
Case Filed 8-27-41

### 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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed B. C. Gibson

Licensed Embalmer No. 4137

P. O. Address Orick, 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.**