

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **14261**  
Registrar's No. **56**

Registration District No. **198**

Primary Registration District No. **3011**

1. PLACE OF DEATH

(a) County **Clay**  
(b) City or town **Excelsior Springs Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **Excelsior Springs Sanitarium**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **4 days**  
(Specify whether years, months or days)  
In this community **27 years**

3. (a) PRINT FULL NAME **DELBERT MILLS**

3. (b) If veteran, name war **220** 3. (c) Social Security No. **538-10-257**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married **Married**  
6. (b) Name of husband or wife  **Helen Mills** 6. (c) Age of husband or wife if alive **25** years  
7. Birth date of deceased **April 15 - 1914**  
(Month) (Day) (Year)

8. AGE: Years **27** Months **0** Days **1** If less than one day hr. min.

9. Birthplace **Ray Leo Omo** (City, town, or county) (State or foreign country)

10. Usual occupation **Truck Driver**

11. Industry or business

12. Name **Arthur Mills**  
13. Birthplace **Ray Leo Omo** (City, town, or county) (State or foreign country)  
14. Maiden name **Bessie Sharpe**  
15. Birthplace **Ray Leo Omo** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Delbert Mills**

(b) Address **Excelsior Springs Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4/16/41** (Month) (Day) (Year)

(c) Place: burial or cremation **Ray Leo Omo**

18. (a) Signature of funeral director **Delbert Mills**

(b) Address **Excelsior Springs Mo**

19. (a) **April 16 - 41** (Date received local registrar) (b) **Mrs. Delbert Mills** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **CLAY** 24  
(c) City or town **Excelsior Springs**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Rural 3rd West on Highway 10**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **16**  
year **1941** hour **2** minute **A** M.

21. I hereby certify that I attended the deceased from **4-12**, 1941, to **4-16**, 1941;  
that I last saw him alive on **4-16**, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Septic Rhinitis by meningitis**  
**Acute appendicitis** 4 days 2 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **Appendectomy**  
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?

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

23. Signature **Delbert Mills** (M. D. or other)

Address **Excelsior Springs Mo** Date signed **4/16/41**

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

M.S.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 5-6-41

### 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.....

*Scott W. Hockensmit*

Licensed Embalmer No. 3597

P. O. Address *Elmhurst Spring*

**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.**