

REC'D MAR 25 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8415
Do not use this space.

1. PLACE OF DEATH

(a) County Harrison Registration District No. 875
(b) Township Washington Primary Registration District No. 1st 1st Registered No. 50
(c) City Nevada, Mo. (d) Street No. State Hospital #3 Nevada
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Ella McMullen 254
(a) Residence, No. Orla, Missouri St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S. E. McMullen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 21 1881
7. AGE YEARS 56 MONTHS 9 DAYS 29 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede Co Mo.

FATHER 13. NAME Isam Jones 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9

MOTHER 15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Records of Hosp #3 Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sebanoy Mo DATE Feb 21 1938

19. FUNERAL DIRECTOR (ADDRESS) Gerry Funeral Home Nevada, Mo

20. FILED Feb 21 1938 Allen V Hays Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 19 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1937 to Feb. 19 1938
Last saw her alive on Feb. 19 1938 Death is said to have occurred on the date stated above, at 9:00 p.m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis 1936+

Other contributory causes of importance: 72 h

Pyelitis 1938+

Name of operation none Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury....., 19.....
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) A. E. Miller M. D.

(Address) State Hospital #3 Nevada, Mo.
795

STATEMENT BY LICENSED EMBALMER

I, Lloyd B. Winneatt, Licensed Embalmer No. 3857

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Lloyd B. Winneatt
Licensed Embalmer No. _____

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.)