

REC'D APR 11 1939

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

10191
Do not use this space.

1. PLACE OF DEATH
 (a) County BUCHANAN Registration District No. 85
 (b) Township WASHINGTON Primary Registration District No. 1001 Registered No. 349
 (c) City ST. JOSEPH (d) Street No. 811 MAIN St.
 (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 37 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME HUGH S. McMULLIN
 (a) Residence, No. 811 MAIN, ST. JOSEPH, MO. 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 MALE 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 JENNIE McMULLIN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 5, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 6 26

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. COOK
 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) CARROLL COUNTY, ARK.

FATHER
 13. NAME WADE H. McMULLIN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IOWA

MOTHER
 15. MAIDEN NAME FITZER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

17. INFORMANT (ADDRESS) LOU McMULLIN

18. BURIAL, CREMATION, OR REMOVAL
 PLACE ASHLAND CEMETERY DATE APRIL 3 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) FLEEMAN & SON, INC.
1946 CALHOUN, ST. JOSEPH, MO.

20. FILED April 3 1939 H. Westphal
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 31 1939

22. I HEREBY CERTIFY That I attended deceased from March 22, 1939, to March 24, 1939
 I last saw h. i. m. alive on 3-24-39. Death is said to have occurred on the date stated above, at 10:15 A.M.
 The principal cause of death and related causes of importance were as follows:

Cancer of the lung

Date of onset

Other contributory causes of importance: H1

Name of operation _____ Date of _____
 What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Dr. John Spencelley M.D.
 (Address) 274 Kirkwood Blvd. St. Joseph, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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WRITE PLAINLY, WITH OVERTHROWING PEN

I X18425

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.....

John E. Rupp

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph*

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, above space should be left blank.