

NOV 24 1939

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

36218
Do not use this space.

1. PLACE OF DEATH
 (a) County Walt Registration District No. 375
 (b) Township Nodaway Primary Registration District No. 5523 Registered No. 7
 (c) City..... (d) Street No..... (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 452 Norma Jean Mullins
 (a) Residence, No..... 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 6, 1939
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 1
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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) Oregon
 FATHER 13. NAME Dr. B. Mullins 1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knoxville Tennessee 0
 MOTHER 15. MAIDEN NAME Mary Elizabeth Benberger
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon Missouri
 17. INFORMANT Dr. B. Mullins
 (ADDRESS) Oregon Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Fellsmore Mo. DATE Oct. 8, 1939
 19. FUNERAL DIRECTOR (NAME) Pettigrew Funeral Service
 (ADDRESS) Oregon Mo.
 20. FILED Oct. 7, 1939 Edith Lamb Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1939 to Oct 7, 1939
 I last saw him alive on Oct 7, 1939. Death is said to have occurred on the date stated above, at 2:20 P. M.
 The principal cause of death and related causes of importance were as follows:
Subcranial hemorrhage Date of onset 160 h
 Other contributory causes of importance:
Brain with cord around neck not touched for 1 hr.
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....
 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 Cord injury
 Nature of injury.....
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify Walter Ogier, M. D.
 (Signed) Walter Ogier, M. D.
 336 (Address) Savannah Ga

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X14023

District File Number 439-1502
Date Filed NOV 13 1939

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.

Not Embalmed

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.