DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39909

Registration District No. 409 DEC 15 1939

Primary Registration District No. 4242

Registrar's No.

1. PLACE OF DEATH:

(a) County: Jasper 2

(b) City or town: Duneweg
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Duneweg, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----------
(Specify whether years, months or days)

In this community ----------

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper

(c) City or town: Duneweg
(If outside city or town limits, write "RURAL")

(d) Street No.: 7th St. in Duneweg
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ---------- years.

3. (a) PRINT FULL NAME: Infant Mullins 452

3. (b) If veteran, name war: ----------

3. (c) Social Security No.: -------

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: ----------

6. (c) Age of husband or wife if alive: ----- years

7. Birth date of deceased: Nov. 16, 1939 (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day: 1 hr. 55 min.

9. Birthplace: Duneweg (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: ----------

11. Industry or business: ----------

MOTHER FATHER

12. Name: Glenn Mullins

13. Birthplace: Newton county (City, town, or county) Missouri (State or foreign country)

14. Maiden name: Daisey Johnson

15. Birthplace: Pottawatomie Co. (City, town, or county) Okla. (State or foreign country)

16. (a) Informant's own signature: Glenn Mullins

(b) Address: Duneweg, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 17, 39 (Month) (Day) (Year)

(c) Place: burial or cremation: Stoney Point Cem.

18. (a) Signature of funeral director: Hurlbut Und. Co.

(b) Address: 212 Joplin St., Joplin, Mo.

19. (a) 11-17-39 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16 year 1939 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 16th, 1939, to Nov 16th 1939, that I last saw him alive on Nov 16th 1939, and that death occurred on the date and hour stated above.

Immediate cause of death: Premature Birth 5½ mos — Duration

Due to: Premature Deliverer — Duration

Due to: — Duration

Other conditions (Include pregnancy within 3 months of death): 15M

Major findings:
Of operations:

Of autopsy:

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: L. Lawson (Coroner or other) MD

Address: Joplin Mo. Date signed: 11-17-39

(Licensed Embalmer's Statement on Reverse Side) Lawson

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.

RECEIVED
District Health Officer No. 6,
District File Number 1239-2264
Date Filed DEC 6 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.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.