

JAN 8 1939
Registration District No. 420

Primary Registration District No. 3022

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town DeSoto
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: -----
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years (Specify whether years, months or days)
In this community 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town DeSoto Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 605 N. Fourth.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME Glenda Carolle McMullin.

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife Infant 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 5 1937
(Month) (Day) (Year)

8. AGE: Years 2 Months 1 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace DeSoto Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Arthur McMullin.

13. Birthplace Ware Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Thelma Hale.
15. Birthplace DeSloge Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Arthur McMullin

(b) Address Ellsboro R. 1.

17. (a) burial (b) Date thereof Dec. 3, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richwoods Mo.

18. (a) Signature of funeral director Motherhead

(b) Address DeSoto, Mo.

19. (a) 12/18/39 (b) Jenna Donnell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1
year 1939 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov. 30, 1939, to Dec. 1, 1939; that I last saw her alive on Dec. 1, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis-pneumonia Duration 2 days

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

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) no

(b) Date of occurrence _____

23. 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? _____

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

28. Signature Paul V. McFinnerty (M. D. number) _____
Address Main & Boyd De Soto Date signed 12/2/39

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

1072

STATE OF MISSOURI
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

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 *Lee Mathushead*
Licensed Embalmer No. 3531
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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

43747
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson
(b) Township Beaumont
(c) City

Registration District No. 420
Primary Registration District No. 3022

Registered No. 77

(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

Glenda Carole Mc Mullin
(a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 1 26

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19..

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19..

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1, 1959

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on, 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Bacterial Pneumonia

Date of onset

3 Day

Other contributory causes of importance:

none

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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harold V. Mc Murray, M. D.

(Address) Beaumont

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

