No. 2
1-10-39
17-59
X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 13 1940

Registration District No. 420

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 15217

Primary Registration District No. 3022

Registrar's No. 45

**1. PLACE OF DEATH:**

(a) County: Jefferson

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

(c) Name of hospital or institution: Olevia Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 4 weeks (Specify whether years, months or days)

In this community: 79 years

**2. USUAL RESIDENCE OF DECEASED:**

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

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

(d) Street No.: 409 W. Miller st.
(If rural, give location)

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

3. (a) PRINT FULL NAME: Jammia C. McMullin 254

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

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

4. Sex: female

5. Color or race: white

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

6. (b) Name of husband or wife: E. Richard McMullin

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

7. Birth date of deceased: March (Month) 30 (Day) 1861 (Year)

8. AGE: Years 79 | Months 0 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace: DeSoto (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation: Housewife 0

11. Industry or business: ____

MOTHER FATHER

12. Name: ~~George Breckenridge~~ 0

13. Birthplace: Jefferson co., (City, town, or county) Mo. (State or foreign country)

14. Maiden name: Sally Harison

15. Birthplace: Jefferson Co., (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Mrs. E. Breckenridge

(b) Address: DeSoto

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 18, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: City-- DeSoto, Mo.

18. (a) Signature of funeral director: Lee Mothershead

(b) Address: DeSoto, Mo.

19. (a) 5-9-40 (Date received local registrar) (b) Jeneva Donnell (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 16 year 1940 hour 9 minute P.M.

21. I hereby certify that I attended the deceased from March 10, 1939, to April 16, 1940, that I last saw her alive on April 16, 1940, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Hypertensive heart disease | 10 years |
| Nephrosclerosis | 5 years |
| Due to arteriosclerosis | unknown |
| Due to senility | unknown |
| Other conditions (Include pregnancy within 3 months of death) 131 | |

Major findings:
Of operations: none
Of autopsy: none

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: —

(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? 361 (Specify type of place)

While at work? — (e) Means of injury: —

23. Signature: Karl V. McKinney (M. D. or other) MD

Address: Edgar Bldg. DeSoto, Mo. Date signed: April 18, 1940

(Licensed Embalmer's Statement on Reverse Side)

## 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 Mothershead

Licensed Embalmer No. 3531

P. O. Address Esato Mo

**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.**