

No. 2  
11-10-39  
5-17-39  
I 21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

17885

State File No. \_\_\_\_\_

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 527

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1115 Ridenbaugh St. 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)

In this community 32 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph,  
(If outside city or town limits, write "RURAL")

(d) Street No. 1115 Ridenbaugh St.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 51 years.

3. (a) PRINT FULL NAME James McMullan 254

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7  
year 1940 hour 1 minute 40 P. M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Honora McMullan

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased October 28 1869  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 13-1939  
\_\_\_\_\_ 19\_\_\_\_ to May 7 1940;  
that I last saw h. im alive on May 6 1940;  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>6</u>	<u>9</u>	_____ hr. _____ min.

Immediate cause of death Epithelioma Right Kidney, Pelvis, ureteral, vesical & pulmonary

Due to metastases

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. BIRTHPLACE: Antrim County Ireland 5  
(City, town, or county) (State or foreign country)

10. Usual occupation Merchandise Broker 5

11. Industry or business McMullan Brokerage Co.

12. Name Archibald McMullan

13. Birthplace County Antirm Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Mary O'Neil

15. Birthplace County Antrim Ireland  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations none

Of autopsy none

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Honora McMullan Mo

(b) Address 1115 Ridenbaugh St. - St. Joseph,

17. (a) Burial (b) Date thereof May 10 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Cliviet Cemetery.

18. (a) Signature of funeral director Herman W. S. S. S.

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) 57946 (b) H. J. McMullan  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

85 (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

Signature J. J. Banibach (M. D. or other) 1

Address St. Joseph, Mo. Date signed 5/9/40

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

MOTHER FATHER

**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

*Robert P. Clark*

Licensed Embalmer No. 4028

P.O. Address St. Joseph, 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.**