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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18657

Registration District No. 668 Primary Registration District No. 3039 Registrar's No. 165

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1817 East Sixth
(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 Pettis 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1817 East Sixth F
(If rural, give location)
(e) Citizen of foreign country? C (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Edward Thomas Mullineaux
3. (b) If veteran, name war none
3. (c) Social Security No. 493-12-0734
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Sallie Mullineaux
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased June 1, 1869 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
71	11	7	..... hr. ..... min.

9. Birthplace Versailles, (Rural) Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Meter Reader
11. Industry or business City Light and Traction Co.
FATHER 12. Name Thomas Mullineaux
13. Birthplace New York, City (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Ellen Buckler
15. Birthplace Cincinnati, Ohio (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Effie Guyman (Dau.)
(b) Address 1817 East Sixth, Sedalia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Blue Lick Cemetery Pettis County, Missouri
18. (a) Signature of funeral director Ewing
(b) Address Sedalia, Missouri
19. (a) 6/10/41 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1941 hour 10:00 minute A M.
21. I hereby certify that I attended the deceased from May 8 1938 to May 8 1941; that I last saw him alive on May 7 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetes Mellitus	3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Nephritis, Hemiplegia (Chr. Interstitial nephritis)	2 yrs

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 A. L. Walter (M. D. or other) MD
Address Sedalia Mo Date signed 5-9-41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Walters

RECEIVED
District Health Officer No. 8
District File Number 6-11-41
Date Filed

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 John E. Myers

Licensed Embalmer No. 3220

P. O. Address Sedalia, Mo

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

If this body is not embalmed, fact should be so stated above.