DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32439

Registration District No. 772 | Primary Registration District No. 4463 | Registrar's No. 1060

1. PLACE OF DEATH:
(a) County: St Francois
(b) City or town: Elvins Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City of Elvins, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Home (Specify whether)
In this community: 33 years 1 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St Francois
(c) City or town: Elvins Mo. (If outside city or town limits, write "RURAL") 094
(d) Street No.: main Street (If rural, give location) 3
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Elizabeth Wilmede McMullin
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: Widow
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: May (Month) 29 (Day) 1853 (Year)

8. AGE: Years 88 | Months 3 | Days 18 | If less than one day: hr. min.

9. Birthplace: Hustonow Jefferson Co MO (City, town, or county) (State or foreign country)
10. Usual occupation: House Keeper
11. Industry or business: —
FATHER
12. Name: Samuel Greer
13. Birthplace: Jefferson Co. Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Sarah Bartlow
15. Birthplace: Jefferson Co Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Elijah Lawson
(b) Address: Elvins Mo
17. (a) Wood Lawson (Burial, cremation, or removal) (b) Date thereof: 9-20-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Wood Lawson Funeral home
18. (a) Signature of funeral director: Everett Lawson
(b) Address: Elvins Mo
19. (a) 9-18-41 (Date received by local registrar) (b) C B Harper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17 1941
year 1941 hour 11 20 minute P.M.
21. I hereby certify that I attended the deceased from Sept. 10, 1941, to Sept. 17, 1941; that I last saw her alive on Sept. 17, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Pneumonia	7 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
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):
(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: Theodore Paul (M. D. or other) D.O.
Address: Flat River, Mo. Date signed: Sept 18 41

(Licensed Embalmer's Statement on Reverse Side)

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

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 Everett Sparks

Licensed Embalmer No. 2639

P. O. Address Elwins M

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, fact should be so stated above.

No. 2B
—8-21-41
PI X29288

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

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STANDARD CERTIFICATE OF DEATH

State File No. 32439

Registration District No. 772 Primary Registration District No. 4468 Registrar's No.

1. PLACE OF DEATH:
(a) County: St Francois
(b) City or town: Elvins
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Elizabeth A. McMullin
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: May (Month) 29 (Day) 1853 (Year)
8. AGE: Years 88 Months 3 Days 18 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1 year 1941 hour 1 minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.
Immediate cause of death: Hypostatic Pneumonia
Bronchitis

	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 107

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 (M. D. or other)
Address Date signed

SUPPLEMENTARY