

AUG. 14 1942

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **25039**

Registration District No. **688**

Primary Registration District No. **3033**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Pike**  
(b) City or town **Louisiana**  
(c) Name of hospital or institution: **Home 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Pike**  
(c) City or town **Louisiana**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **504 78th**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **NOAH THOMAS MULLINEX**

3. (b) If veteran,  name war \_\_\_\_\_  
3. (c) Social Security No. **486-14-1633**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **18**  
year **1942** hour **5** minute **00 P.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.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, maried  
6. (b) Name of husband or wife **Mattie Watts** 6. (c) Age of husband or wife if alive **69** years  
7. Birth date of deceased: **June** **3** **1888**  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Duration \_\_\_\_\_

8. AGE: Years **54** Months **1** Days **15** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**Neur Prostration**  
Due to \_\_\_\_\_

9. Birthplace **Macon Co Mo**  
(City, town, or county) (State or foreign country)

Other conditions **Chronic Alcoholism**  
(Include pregnancy within 3 months of death)

10. Usual occupation **Laborer**

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
1911  
99  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business **General work**

12. Name **Pete Mullinex**

13. Birthplace **Don't know**  
(City, town, or county) (State or foreign country)

14. Maiden name **Lizzy Dodd**

15. Birthplace **Don't know**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Tom Mullinex**

(b) Address **504 78th Louisiana Mo**

17. (a) **Burial** (b) Date thereof **July 20-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **River View Cem**

18. (a) Signature of general director **J. P. [unclear]**

(b) Address **Louisiana Mo**

19. (a) **7/18/42** (b) **[unclear]**  
(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 **July 18<sup>th</sup> 1942 052**  
(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? \_\_\_\_\_

While at work? **No** (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature **W. H. Smith** **Coroner**  
Address **Louisiana Mo** Date signed **7/18/42**

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

82  
22  
1

20

RECEIVED

District Health Officer No. 10

District File Number 8-42-15-27

Date Filed AUG 11 1942

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.....

George O. Hagned, Registered Apprentice No.....

working under my personal supervision.

Signed George O. Hagned

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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, fact should be so stated above.