

7-39
K32873

FILED MAY 10 1943

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Rural Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Hay # 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days (Specify whether
In this community About 60 yrs. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Vernon
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. St Hay # 3 (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1943 hour 2 minute 30 A M.
21. I hereby certify that I attended the deceased from Mar
20 1943, to April 9 1943
that I last saw h. er alive on April 8 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 12 hrs.

Due to _____
Due to _____

Other conditions Fractured neck of 19 days
(Include pregnancy within 3 months of death)
right femur - accidental fall

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 108 V
(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?

While at work? _____ (Specify type of place)
(e) Means of injury V

23. Signature F. L. Martin (M. D. or other) M.D.
Address Nevada Date signed 4-9-43

3. (a) PRINT FULL NAME Betty Daphne McMullin

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife John McMullin 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased Nov 27 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Attendant

11. Industry or business _____

MOTHER FATHER

12. Name Keeling Dean

13. Birthplace Ky. 1
(City, town, or county) (State or foreign country)

14. Maiden name Melba Dean

15. Birthplace Ky. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Hattie Tate

(b) Address Deerham MO

17. (a) Burial (b) Date thereof April 17 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Henry Funeral Home
(b) Address Lexada, Mo.

19. (a) 4-17-43 (b) Boyd B. Bewick
(Date received local registrar) (Registrar's signature)

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

RECEIVED
District Health Officer No. 7;
District File Number 4-83-184
Date Filed 5-7-43

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..... *L. B. [Signature]*

Licensed Embalmer No. 1760

P. O. Address Nevada 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15-730

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural
(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 _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Betty D. McMullen

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 Nov. 27 1906
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days _____ If less than one day _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

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) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 19 Year 1943 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to _____

Due to _____

Other conditions Fracture neck of right femur - 19 day
(Include pregnancy within 3 months of death)

Major findings accidental fall

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Mar 20 - 1943

(c) Where did injury occur? Nevada, Vernon, Mo.
(City or town) (County) (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?
at St. Hwy # 3 (her home)

While at work? no (Specify type of place) (c) Means of injury Fall

23. Signature Fd. Mapleton (M. D. or other) M.D.

Address Nevada Date signed 5-31-43

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

SUPPLEMENTARY

MOTHER FATHER

S-15730