

S. No. 2
A-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28575

FILED SEP 10 1944

State File No. _____

Registration District No. 71

Primary Registration District No. 5988

Registrar's No. 71

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

76
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1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Rural, E. of 1 mi.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Livonia, Mo 1 Elm
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 80 yrs (Specify whether years, months or days)

In this community 80 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County Pettis ⁸⁶

(c) City or town Rural ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. Livonia, Mo
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Emily Ellen Mullenix

3. (b) If veteran, name war -

3. (c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 12
year 1944 hour 3 minute 50 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Ervin Mullenix

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

7. Birth date of deceased 5 25 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Liver Duration _____

8. AGE: Years 83 Months 2 Days 17 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

10. Usual occupation House Wife

Other conditions (Include pregnancy within 3 months of death) 468

11. Industry or business _____

12. Name Harvy McDaniel

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

14. Maiden name Elizabeth Allen (City, town, or county) (State or foreign country)

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant A M Hooper

(b) Address Livonia, Mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof 8-13-44 (Month) (Day) (Year)

(c) Place: burial or cremation Johnson Cem

18. (a) Signature of funeral director W. H. ...

(b) Address Unionville, Mo

19. (a) 8/14/44 (Date received local registrar) (b) W. H. ... (Signature of registrar)

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? _____

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature W. H. ... (or other) _____

Address Unionville, Mo Date signed 12/44

RECEIVED
District Health Officer No. 10
District File Number 9-44-1533
Date Filed SEP 7 1944

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 Monroe E. Dushoff
Licensed Embalmer No. 3307
P. O. Address Monroe E. Dushoff

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.