DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42095

FILED JAN 9 1946

Registration District No. 2749 Primary Registration District No. 5924 Registrar's No. 35

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Dresden (If outside city or town limits, write "RURAL" and name of township) Dresden Twp
(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
In this community about 10 years (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Mrs. Elvira McMullin
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Madison B. McMullin
6. (c) Age of husband or wife if alive deceased
7. Birth date of deceased November 19, 1864 (Month) (Day) (Year)

8. AGE: Years 81 Months 0 Days 29 If less than one day hr. min.

9. Birthplace Covington, Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business

MOTHER FATHER
12. Name William Kabler
13. Birthplace unknown, Kentucky (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S.V. Clark (niece)
(b) Address 208 East 13th, Sedalia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/45 (Month) (Day) (Year)
(c) Place: burial or cremation Union Cemetery
18. (a) Signature of funeral director Ewing Funeral Home
(b) Address Sedalia, Missouri
19. (a) 12/21/45 (Date received local registrar) (b) C.J. Campbell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18 year 1945 hour 12:10 minute P. M.
21. I hereby certify that I attended the deceased from Dec 15 46 to Dec 15 46; that I last saw her alive on Dec 15 46 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
a Pneumonia
Due to
Due to
Other conditions Very Senile
(Include pregnancy within 3 months of death)

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 J. E. Mitchell M.D. (M. D. or other)
Address Sedalia Mo Date signed 12-21-45

(Licensed Embalmer's Statement on Reverse Side)

1486

46

CEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-8-46

Dr. Mitchell

P. O

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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia, 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.