S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42617

State File No.

Registration District No. 233 Primary Registration District No. 3074 Registrar's No. 48

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scott 104
(c) City or town Sikeston 5
(If outside city or town limits, write "RURAL")
(d) Street No. 20
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME CORDELIA THOMPSON 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 Married
6. (b) Name of husband or wife James F.
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Jan 4 (Month) 1875 (Day) (Year)

8. AGE: Years 70 Months 9 Days 8 If less than one day hr. min.

9. Birthplace Stoddard Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Farm

MOTHER FATHER
12. Name Robert M Thompson
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Polly Taylor
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant J. F. McMullin
(b) Address Sikeston Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-14-45 (Month) (Day) (Year)
(c) Place: burial or cremation Dexter Mo.
18. (c) Signature of funeral director Welch Funeral Home
(b) Address Sikeston Mo
19. (a) 12-31-45 (Date received local registrar) (b) Mrs. T. F. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12 year 1945 hour minute M.

21. I hereby certify that I attended the deceased from 7-23-45, 1945, to 10-11, 1945; that I last saw her alive on 10-11, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardio-Renal disease	3 mo.
Due to Vascular Hypertension	?
Due to	
Other conditions Hemiplegia (Include pregnancy within 3 months of death)	3 mo.

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 Leo. C. McClure (M. D. or other)
Address Sikeston, Mo. Date signed 11-7-45

1448 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED.
District Health Office No. 2,
District File Number 146-68
Date Filed 1-10-46

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Arkston 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.