

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

3798

State File No.

FILED FEB 24 1947

Registration District No.

Primary Registration District No. 6274

Registrar's No. 10

1. PLACE OF DEATH:

(a) County North
 (b) City or town Rural, Middlefork
 (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 3 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME

VERA AUSTA MULL

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex ♀ 5. Color or race W 6. (a) Single, widowed, married divorced married
 6. (b) Name of husband or wife Ray Mull 6. (c) Age of husband or wife if alive 24 years (Month) (Day) (Year)
 7. Birth date of deceased Aug 24 1907

8. AGE: Years 39 Months 5 Days 4 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name James W. Miller
 13. Birthplace Denners (City, town, or county) Mo (State or foreign country)
 14. Maiden name Eliza Downing
 15. Birthplace Denners (City, town, or county) Mo (State or foreign country)

16. (a) Informant Ray Mull
 (b) Address Denners, Mo.

17. (a) Burial (b) Date thereof 1-29-47 (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cemetery

18. (a) Signature of funeral director John C. Duffee

(b) Address Frank City, Mo.

19. (a) 2-1-1947 (b) Leta C. Dawson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County North
 (c) City or town Rural (If outside city or town limits, write "RURAL")
 (d) Street No. North, Mo. (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28 year 1947 hour 11 minute A.M.

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

Immediate cause of death Burned to death Duration few minutes

Due to staying fire in range with flashlight

Due to complete body was charred beyond recognition

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 186

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

(a) Accident, suicide, or homicide (specify) accident 11/3
 (b) Date of occurrence Jan. 28-1947
 (c) Where did injury occur? North North Mo. (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? on farm

While at work? yes (Specify type of place) (e) Means of injury Burns

23. Signature John C. Duffee (M.D. or other) ✓

Address Frank City Date signed 1-29-47

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

MAY 26 1949

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

Arch C. Dingle

Licensed Embalmer No.....

3252

P. O. Address.....

Grant City, 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.