

S. No. 2
1-11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 10 1947

Registration District No. 249

Primary Registration District No. 5845

Registrar's No. 31

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

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Rural Near Clearmont
(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 48 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Robert Chester McMullin

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace McMullin 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased January 7 1867
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Page County Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Noah McMullin
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Julia Ann Parsons
15. Birthplace Huntington County, Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Grace McMullin
(b) Address Clearmont, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 15, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Clarinda Iowa Cemetery

18. (a) Signature of funeral director Joseph D. Walker
(b) Address Clarinda, Iowa.

19. (a) Feb 25 1947 (Date received local registrar) (b) Bess Holt (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Rural Near Clearmont
(If outside city or town limits, write "RURAL")
(d) Street No. About 5 miles N.E. of town.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13
year 1947 hour 10 minute 25 A. M.

21. I hereby certify that I attended the deceased from May 1913 to Feb 1947
that I last saw him alive on Nov 15, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease with decomposition

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: 920
Of operations _____
Of autopsy _____

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) (e) Means of injury _____

23. Signature C. N. Flynn (M. D. or other) _____
Address Clarinda, Mo. Date signed 2-17-47

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 Foren Danison, Registered Apprentice No. _____, working under my personal supervision.

Signed Jessie D. Walker
Licensed Embalmer No. 2156
P. O. Address Clarinda Iowa

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, above space should be left blank.