

S. No. 2
-12-45
-5-17-39
P I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21065
State File No. 21065
Registrar's No. 2582

Registration District No. 147 Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1018 Broadway /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 16 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1018 Broadway 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Cecil O. McMullen

3. (b) If veteran, name war World War I 3. (c) Social Security No. 487-09-4039

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Marie McMullen 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 15, 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 8 28 hr. min.

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

10. Usual occupation Employe

11. Industry or business Chevrolet Motor Company

12. Name Ira L. McMullen

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

14. Maiden name Alice Alleshouse

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

16. (a) Informant Mr. Leland McMullen

(b) Address Trenton, Missouri

17. (a) Removal (b) Date thereof 6-14-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Trenton, Missouri

18. (a) Signature of funeral director Melody-McGilley-Eyler

(b) Address Kansas City, Missouri

19. (a) 6-14-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1947 hour 11 minute 30 A.M.

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

Immediate cause of death Coronary occlusion
Due to Myocardial Fibrosis
Due to Myocardial infarction
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy yes as above
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? _____

While at work? (Specify type of place) _____ (e) Means of injury
23. Signature Jane [unclear] (M. D. or other)
Address 1424 [unclear] Date signed 6-14-47

AUG 20 1947

APR 7 1948

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 *Elen E. Heck*.....

Licensed Embalmer No. *4063*.....

P. O. Address *K. C. 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.