

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 210 Primary Registration District No. 4302

1. PLACE OF DEATH:

(a) County Mercer

(b) City or town Princeton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 2 Months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Scott 999

(c) City or town Davenport, Iowa 13
(If outside city or town limits, write "RURAL")

(d) Street No. 620 Federal St. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME Melvin Harvey Mullin

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Sept. 16 1941
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>5</u>	<u>11</u>	<u>4</u>	hr. _____ min. _____

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

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph H. Mullin

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

14. Maiden name Cora Matson

15. Birthplace Ridgeway Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Mullin

(b) Address 620 Federal St. Davenport, Ia

17. (a) Burial (b) Date thereof 8-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Princeton Ceme.

18. (a) Signature of funeral director Martin Funeral Home

(b) Address Princeton, Missouri

19. (a) 8-21-47 (b) M. J. Pelt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19
year 1947 hour 8 minute 15 P.

21. I hereby certify that I attended the deceased from _____, 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 _____

Due to Broken neck

Due to _____

Other conditions _____
(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) Accident

(b) Date of occurrence 8-19-47

(c) Where did injury occur? Princeton, Iowa
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place (Specify type of place)

While at work _____ (Specify type of work) (e) Means of injury Ball bat

23. Signature [Signature] (At _____ other) Coroner

Address Princeton Date signed 8-20-47

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

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.....

James A. Kestight....., Registered Apprentice No. *52*
working under my personal supervision.

Signed *H. Ivan Martin*.....

Licensed Embalmer No. *3760*.....

P. O. Address *Pinator, 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.