U.S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41481

Registration District No. 132 Primary Registration District No. 3021 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wright Hosp O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 3 days in Hosp
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Grundy 40
(c) City or town Trenton
(If outside city or town limits, write "RURAL")
(d) Street No. 2000 Mabel St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Harry McMullen
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 Widowed
6. (b) Name of husband or wife Mary McMullen
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased March 2, 1860 (Month) (Day) (Year)

8. AGE: Years 87 Months 8 Days 29 If less than one day — hr. — min.

9. Birthplace Lancaster Co (City, town, or county) Penn (State or foreign country)
10. Usual occupation Farmer Retired
11. Industry or business Farm
FATHER
12. Name John McMullen
13. Birthplace Unknown (City, town, or county) Penn (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Penn (State or foreign country)
16. (a) Informant Lloyd McMullen
(b) Address Trenton, Mo, R.F.D. #2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cemetery
18. (a) Signature of funeral director Raymond A. Davis
(b) Address Trenton, Mo.
19. (a) 12/4/47 (Date received local registrar) (b) Irene Fair (Registrar's signature) 115

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1 year 1947 hour 10:00 minute P M.
21. I hereby certify that I attended the deceased from Nov. 28th, 1947 to Dec. 1st, 1947 that I last saw him alive on Dec. 1st, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	4 days
Due to Do not Know	
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)
(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 Oliver P. Duffy (M. D. or other) M.D.
Address Trenton Mo. Date signed Dec 1947

(Licensed Embalmer's Statement on Reverse Side)

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 Walter E. Moyer Registered Apprentice No. 458, working under my personal supervision.

Signed Raymond A. Davis

Licensed Embalmer No. 3424

P. O. Address Trenton, 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.