FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28579

FILED AUG 31 1948

Registration District No. 2833

Primary Registration District No. 3074

Registrar's No.

1. PLACE OF DEATH:
(a) County: Scott
(b) City or town: Sikeston (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home - 566 Park Ave (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: no (Specify whether years, months or days)
In this community: 57 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Scott
(c) City or town: Sikeston (If outside city or town limits, write "RURAL")
(d) Street No.: 566 Park Ave. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: John Leonard McMullin
3. (b) If veteran, name war: No
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, divorced: Widowed
6. (b) Name of husband or wife: Warde McMullin
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Oct. (Month) 5 (Day) 1890 (Year)
8. AGE: Years 57 Months 10 Days 17 If less than one day hr. min.
9. Birthplace: New Madrid Co., Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer & Seed Dealer
11. Industry or business: Farmer & Seed Dealer
FATHER 12. Name: John McMullin
13. Birthplace: Scott. Co. Mo. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Heneretta Schumate
15. Birthplace: Scott. Co., Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: John Mc Mullin
(b) Address: Sikeston, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation: City Cem., Sikeston
18. (a) Signature of funeral director:
(b) Address: Sikeston, Missouri.
19. (a) 8-26-48 (Date received local registrar) (b) Mott F. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22 year 1948 hour 10 minute 15 P.M.
21. I hereby certify that I attended the deceased from 11-2, 1947 to 8-22, 1948 that I last saw him alive on 8-22, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Respiratory failure	
Due to: Hypostatic Pneumonia	
Due to: Cachexia and Portal Cirrhosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause of 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: Albert Green (M. D. or other) M.D.
Address: Sikeston Mo. Date signed 8-25-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2,
District File Number 848-107
Date Filed 8-28-48

FEB 10 1949

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 William G. Tackett, Registered Apprentice No. 223, working under my personal supervision.

Signed James M. Scott

Licensed Embalmer No. 4350

P. O. Address East Prairie, M

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.