No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37182

FILED NOV 22 1948
Registration District No. 1-4

Primary Registration District No. 3032

Registrar's No. 125

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

1. PLACE OF DEATH:
(a) County: Johnson
(b) City or town: Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Warrensburg Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 da. (Specify whether years, months or days)
In this community: Lifetime.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Johnson 51
(c) City or town: Holden - RFD. 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 12 Mi. North Holden 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country: —

3. (a) PRINT FULL NAME: Walter Harmon McMullin
3. (b) If veteran, name war: --
3. (c) Social Security No.: 492-18-3505
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Altha Mae Talley
6. (c) Age of husband or wife if alive: 49 years
7. Birth date of deceased: July 31, 1883 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	3	11	hr. min.

9. Birthplace: Johnson County, Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Agriculture
FATHER
12. Name: Thomas Larkin McMullin
13. Birthplace: Ky. 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Martha Bailey
15. Birthplace: Ky. 1 (City, town, or county) (State or foreign country)
16. (a) Informant: Raymond McMullin
(b) Address: Kansas City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Tabor Cemetery
18. (a) Signature of funeral director: R.B. Cast
(b) Address: Holden, Mo.
19. (a) Nov. 13, 1948 (Date received local registrar) (b) Sarah Mae Mutaldieb (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12 year 1948 hour 12 minute 15 M.
21. I hereby certify that I attended the deceased from 11-8, 1948, to 11-12, 1948 that I last saw him alive on 11-11, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Peritonitis	6 days
Due to: Ruptured peptic ulcer	6 days
Due to: Chronic peptic ulcer	weeks?
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: Severe generalized peritonitis
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: 0

23. Signature: Clinton G. Wilson (M. D. or other)
Address: 301 Pine St. Holden Date signed: 11-13-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4059

P. O. Address Holden, 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.