

MAILED FEB 17 1941
7 31

STANDARD CERTIFICATE OF DEATH

State File No. 3084

Registration District No. 431

Primary Registration District No. 3023

Registrar's No. 7

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:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 12 yrs years, months or days

3. (a) PRINT FULL NAME Mary Catherine McMullin

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, divorced, widow

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

7. Birth date of deceased July 23 - 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Moultrie Co Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Jasper C. Loring

13. Birthplace McClain Co Ill
(City, town, or county) (State or foreign country)

14. Maiden name Maria Merck

15. Birthplace McClain Co Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara Crockett

(b) Address Warrensburg Mo

17. (a) Burial (b) Date thereof Jan 14 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington R.C.

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg Mo

19. (a) Jan 13 1941 (b) Bertie Bentley
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Warrensburg
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1941 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1 - 1941
to Jan 13, 1941, to _____, 19____
that I last saw him alive on Jan 8, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Brucellosis

Due to Septicemia

Due to _____

Other conditions no
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no

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 J. R. Britton (M. D. or other) D

Address Warrensburg Mo Date signed 1-13-41

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-11-6

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. _____

P. O. Address _____

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, above space should be left blank.