

FILED JUN 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. ^{3:15 AM} 17572

Registrar's No. 61

Registration District No. 198

Primary Registration District No. 3011

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs
(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 about 30 years
years, months or days)

3. (a) PRINT FULL NAME Margaret Augusta Mullin

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife James 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased mar 2 1886
(Month) (Day) (Year)

8. AGE: Years 55 Months 1 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Anderson Co, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William H. Showalter

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

14. Maiden name Mamma A. Kettler

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

16. (a) Informant Lucille Swafford

(b) Address Excelsior Springs, Mo

17. (a) Burial (b) Date thereof 5-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Clarence Schaefer

(b) Address Excelsior Springs, Mo

19. (a) may 3-1941 (b) Madeline M. Cracker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Clay
(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 210 Dunbar
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 1
year 1941 hour _____ minute 3 A.M.

21. I hereby certify that I attended the deceased from April 19, 1941 to May 1, 1941
that I last saw her alive on April 19, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Atherosclerosis 1 1/2 years

Due to Arterial Sclerosis
General

Due to _____

Other conditions Had attacks Angina
(Include pregnancy within 3 months of death)
Pectoris for last year

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence 5

(c) Where did injury occur? U
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? U

(e) (Specify type of place) _____

(f) (Specify type of place) _____

(g) (Specify type of place) _____

23. Signature John F. Grack M. D. or other _____

Address Excelsior Springs Date signed 5/2/41

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1947-41

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.....

Claude Puchal

Licensed Embalmer No.

2757

P. O. Address.....

Excelsior Springs, 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.