

FILED NOV 5 1943, 63
Registration District No. _____

Primary Registration District No. 5596

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route 3, DeSoto
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 73 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Route 3, DeSoto
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM WATT McMULLIN

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex 0 Male

5. Color or race White

6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 5 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>11</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace Route 3, DeSoto Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business ✓

MOTHER FATHER {

12. Name John T. McMullin

13. Birthplace DeSoto Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Edwards

15. Birthplace DeSoto Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Ruby McMullin

(b) Address DeSoto Mo. R.R. 2

17. (a) Burial (b) Date thereof Oct. 10, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DeSoto, Mo. (Mt. Olive)

18. (a) Signature of funeral director Lee Mothershead

(b) Address DeSoto, Mo.

19. (a) 10-11-43 (b) Paul Spencer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8
year 1943 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from April 15, 1943 to Oct 7, 1943
that I last saw him alive on Oct 7, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis (rheumatic) unknown

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 930

Major findings: Of operations _____

Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury to

23. Signature J.P. Ingels (M. D. or other DO.)

Address DeSoto, Mo. Date signed 10-10-43

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

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 *J. M. Wetherhead*

Licensed Embalmer No. *3531*

P. O. Address *De Soto, 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.