

FILED APR 29 1947

Registration District No. 268

Primary Registration District No. 6248

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Richwoods
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 yrs years, months or days

3. (a) PRINT FULL NAME BERT L. McMullin

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

4. Sex ma 5. Color or race W 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased: April 17 1885
(Month) (Day) (Year)

8. AGE: Years 61 Months 11 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Desoto MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Own Farm

12. Name Robert W. McMullin

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

14. Maiden name Frances Donnell

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

16. (a) Informant Mabel E. McMullin

(b) Address Richwoods, MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation: Harline Cemetery

18. (a) Signature of funeral director Casey Tenor
(b) Address St. Charles, Mo.

19. (a) 4-17-47 (Date received local registrar) (b) [Signature] (Registrar's signature) 229

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington
(c) City or town Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14 year 1947 hour 3 minute _____ P. M.

21. I hereby certify that I attended the deceased from 2-1-47 to 4-14-47, 1947

that I last saw him alive on 4-14-, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration _____

Due to _____

Due to _____

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

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 _____

(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 0

23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 4-17-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 447-565
Date Filed 4-22-47

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 R. M. Lerot
Licensed Embalmer No. 3601
P. O. Address St. Clair, Mich.

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.