

FILED AUG 18 1947

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27482

Do not use this space.

1. PLACE OF DEATH

(a) County Brandy Registration District No. 132
 (b) Township Drenton Primary Registration District No. 3021
 (c) City Drenton (d) Street No. County farm St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 7 1/2 yrs. 11 mos. 21 da. (f) How long in U. S., if of foreign birth? yrs. mos. da. 2

2. PRINT FULL NAME

(a) Residence, No. Amos Mullins St.
County farm
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed 2

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 11 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. unknown
 9. Industry or business in which work was done, as saw mill, bank, etc. unknown
 10. Date deceased last worked at this occupation (month and year) Aug 1 1947 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 9

FATHER 13. NAME Lewis Mullins
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 9

MOTHER 15. MAIDEN NAME Margaret Mullins
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 9

17. INFORMANT (ADDRESS) Bill Jennings
County farm

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Grove DATE 2 Aug 1947

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. D. Pipson

20. FILED 8/2/47 19. June 2nd Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1 1947

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1947 to Aug 1, 1947.
 I last saw h. alive on July 26, 1947 Death is said to have occurred on the date stated above, at 11 a. m.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Date of onset _____

Other contributory causes of importance: 97

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? 0
 If so, specify _____
 (Signed) E. A. Duffly M. D.
 (Address) Drenton Mo

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD.

5014-1-12-1 X 14028

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.