. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 6 1948

Registration District No. 3 2 4

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15117

Primary Registration District No. 6083

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Nelson, Mo
(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 20 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline

(c) City or town Hustonia "Rural" 47
(If outside city or town limits, write "RURAL")

(d) Street No. 2 mi N. 40+65 Junction 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MINNIE ETHEL MULLINS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fe

5. Color or race W

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

6. (b) Name of husband or wife Edward Mullins

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Nov. (Month) 5 (Day) 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	5	12	hr. min.

9. Birthplace Morgan Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name Lewis Christian
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Jane Wilson
15. Birthplace Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Ed. Mullins
(b) Address Hustonia Mo R1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Carmeal Cem. Saline Co. Mo

18. (a) Signature of funeral director Harry Hershberger
(b) Address Marshall Mo

19. (a) 4-19-1948 (Date received local registrar) (b) Sidney T Gay (Registrar's signature) 295

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1948 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from April 2, 1948, to April 17, 1948, that I last saw her alive on April 15, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic Heart Disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J A Reid (M. D. ~~or other~~)
Address Marshall Mo Date signed 4-19-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 5-5-48

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 Joseph R. Mackler, Registered Apprentice No. 43, working under my personal supervision.

Signed Harry Hershberger

Licensed Embalmer No. 435-7

P. O. Address Marshall 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.