

FILED DEC 31 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41163

State File No. _____

Registration District No. 296

Primary Registration District No. 6019

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Ray
 (b) City or town Rural 4 Miles S. W. of Orrick
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community All of life
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray
 (c) City or town Rural
 (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28
 year 1948 hour 6 minute 45 M.

21. I hereby certify that I attended the deceased from 6-10- 1948 to 11-28- 1948
 that I last saw her alive on 11-27- 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism Duration 1 day

Due to Chronic Myocarditis 4 year

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93D Of autopsy _____
 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? _____

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

23. Signature Virgil S. Shale (M. D. or other) _____
 Address Orrick, Mo. Date signed 11-30-48

3. (a) PRINT FULL NAME Tonnie May McMullin
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Frank McMullin 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased May 6 1879
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 6 33 hr. min.

9. Birthplace Ray County Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name Walter Creason 11
 13. Birthplace Ray County Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Ellen Burgess
 15. Birthplace Blue Springs
 (City, town, or county) (State or foreign country)

16. (a) Informant Frank McMullin
 (b) Address Orrick, Mo. Rt #1
 17. (a) Burial (b) Date thereof 12-1-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation South Point Cem.

18. (a) Signature of funeral director B. W. Good
 (b) Address Orrick, Mo.
 19. (a) 11-30-48 (b) Helene J. Larkin
 (Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 8.

District File Number _____

Date Filed 12-29-48

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 _____

working under my personal supervision.

self

Registered Apprentice No. _____

Signed Victor E. Aminger

Licensed Embalmer No. 2846

P. O. Address Liberty Geo.

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.