

FILED JUN 12 1945

State File No. _____

Registration District No. 297

Primary Registration District No. 6022

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond *Richmond, Mo.*
(c) Name of hospital or institution: 7 Miles South east
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 703. West 13th. St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Edgar McMullins

3. (b) If veteran, no name war _____
3. (c) Social Security No. 495-09-4907

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Peggie McMullins
6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased Feb. 30. 1903
(Month) (Day) (Year)

8. AGE: Years 42 Months 3 Days 6
If less than one day _____ hr. _____ min.

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

10. Usual occupation Painter

11. Industry or business _____

MOTHER FATHER {
12. Name James B. McMullins
13. Birthplace Unknown-- Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Anna Jessup
15. Birthplace Unknown Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Peggie McMullins
(b) Address 703. W. 13th. St. Kansas City, Mo.
17. (a) Removal (b) Date thereof May 26. 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City Mo.

18. (a) Signature of funeral director [Signature]
(b) Address Richmond Mo.

19. (a) May 28 1945 (b) Mrs. Sarah W. Safford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1945 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death drowning
Duration _____

Due to _____
Due to _____

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

Major findings: 183-3
Of operations _____
Of autopsy 36

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) accident
(b) Date of occurrence May 26. 1945
(c) Where did injury occur? Richmond, Rural, Ray, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Lake. He was out fishing
While at work? no (Specify type of place) (e) Means of injury _____

23. Signature J. F. Baber coroner
Address Richmond Mo (M., D. or other) _____
Date signed 5-27-45

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

RECEIVED

District-Health Officer No. 8,

District File Number _____

Date Filed _____

6/11/48

9661 3 1948
FEB 22

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was submitted by me~~ ~~was submitted by me~~

To Be Embalmed

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

E. M. Murray

Licensed Embalmer No. **2073**

P. O. Address. **Richmond 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.