S. No. 2
M—2-43
. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34573

FILED OCT 16 1946

Registration District No. [illegible] Primary Registration District No. 3059 Registrar's No. 312

1. PLACE OF DEATH
(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Bonne Terre Hospital
(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 St. Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. 154 Hill St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Nellie Camille McMullin
3. (b) If veteran, name war ..... 3. (c) Social Security No. —

4. Sex F
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 Oct. (Month) 16 (Day) 1896 (Year)

8. AGE: Years 49 | Months 10 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace Bonne Terre Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Home Keeper
11. Industry or business Housework
12. FATHER Name Edward West McMullin
13. Birthplace Jefferson Co. Missouri (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Margaret C. Moore
15. Birthplace Jefferson Co. Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Fred McMullin
(b) Address 154 Hill Bonne Terre Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 3-1946 (Month) (Day) (Year)
(c) Place: burial or cremation B.T. Cemetery
18. (a) Signature of funeral director Benjamin Hdw Co
(b) Address 312 Benham Bonne Terre Mo
19. (a) 10-8-46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1 at
year 1946 hour 4 minute 30 P. M.
21. I hereby certify that I attended the deceased from Sept 30, 1946 to Oct 1, 1946 that I last saw her alive on Sept 30, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	14 hrs
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
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 Ivan W. Yaffe (M. D. or other) M.D.
Address Bonne Terre Mo Date signed 10-8-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 1046-2747
Date Filed 10-14-46

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 C. J. Claywell

Licensed Embalmer No. 3106

P. O. Address Bonne Terre 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.