

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

3567  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Newton Registration District No. 611  
 (b) Township Seneca Primary Registration District No. 4365 Registered No. \_\_\_\_\_  
 (c) City Seneca (d) Street No. \_\_\_\_\_ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** William Henry Mullens 452

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cynthia Ann Buzzard  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15 - 1860  
 7. AGE YEARS 77 MONTHS 4 DAYS 18 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Foreman  
 9. Industry or business in which work was done, as saw mill, bank, etc. Seneca Eng. on  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7, 1938

22. I HEREBY CERTIFY, that I attended deceased from Feb 1, 1938, to Feb 7, 1938  
 I last saw him alive on Feb 6, 1938 Death is said to have occurred on the date stated above, at 6:30 A.M.  
 The principal cause of death and related causes of importance were as follows:

Chronic Parenchymatous nephritis  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: 101

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? No  
 If so, specify \_\_\_\_\_  
 (Signed) W. H. Mullens, M. D.  
 (Address) Seneca, Mo.

12. BIRTHPLACE (CITY OR TOWN) Newton County  
 (STATE OR COUNTRY) Mo.

FATHER 13. NAME William

14. BIRTHPLACE (CITY OR TOWN) Genoa  
 (STATE OR COUNTRY) \_\_\_\_\_

MOTHER 15. MAIDEN NAME Rebecca Stayton

16. BIRTHPLACE (CITY OR TOWN) Genoa  
 (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT W. H. Mullens  
 (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Seneca Mo. DATE 2-19, 1938

19. FUNERAL DIRECTOR W. H. Mullens  
 (ADDRESS) Seneca Mo.

20. FILED Feb 9, 1938 Merle Sparlin  
 Local Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

6973

RECEIVED

FEB 28 1938

DURHAM

STATES

REGISTERED

HEALTH

STATEMENT BY LICENSED EMBALMER

I, R. W. Buzzard, Licensed Embalmer No. 2384

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 2334 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed R. W. Buzzard  
Licensed Embalmer No. 2334

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)