REC'D MAR 16 1939

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

6131
Do not use this space.

1. PLACE OF DEATH
(a) County Carroll
(b) Township Carrollton,
(c) City Carrollton,
(d) Street No. Benson Hospital 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.
4 25

Registration District No. 135
Primary Registration District No. 3010 Registered No. 23

2. PRINT FULL NAME Betty Long Mullikin,
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
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 W.T. Mullikin,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 22, 1885
7. AGE YEARS 53 MONTHS 11 DAYS 24. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEWIFE
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER
13. NAME James Long,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Louisa Hunt,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) W.T. Mullikin, Hale, Missouri.
18. BURIAL, CREMATION, OR REMOVAL
PLACE COLOMA, DATE 2/19/1939.
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Clifford W. Austin Tina, Missouri.
20. FILED 2-16, 1939 Ruth Hoskins Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 16th 39

22. I HEREBY CERTIFY, That I attended deceased from Feby 10, 19, to Feby 16 39, 19
I last saw h alive on Feby 16, 1939. Death is said to have occurred on the date stated above, at 5 A.m.
The principal cause of death and related causes of importance were as follows:

Septic Endo Carditis

Date of onset

Other contributory causes of importance: 91W

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?
If so, specify
(Signed) [signature] M.D.
136 (Address) Carrollton, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

CEIVED
rict Health Officer No. 8,
ict File Number 3/4/39
Filed

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, Clifford W. Austin, or by

Registered Apprentice No. ....., working under my personal supervision.

Signed Clifford W. Austin

Licensed Embalmer No. 3233.

P. O. Address Tina, Missouri.

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

If this body is not embalmed, above space should be left blank.