

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1157

RECD JUN 14 1939

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

18064
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township Washington Primary Registration District No. 1001 Registered No. 507
(c) City St. Joseph (d) Street No. St. Joseph's 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 33 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME ELDEN H. MULLEN

(a) Residence, No. 6014 Pryor 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 Clarice Mullen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26th 1875
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 7 18

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. Swift & Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Boydan, (STATE OR COUNTRY) Iowa

FATHER 13. NAME L. H. Mullen

FATHER 14. BIRTHPLACE (CITY OR TOWN) Boydan, (STATE OR COUNTRY) Iowa

MOTHER 15. MAIDEN NAME Margaret Holley

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Perry Neal (daughter) (ADDRESS) 4013 King Hill St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Belmont Cemetery DATE May 15th 1939
Wathena, Kan.

19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON, INC. (ADDRESS) 1946 Calhoun St. Joseph, Mo.

20. FILED May 15 1939 A. J. Nestlebrook Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14th, 1939

22. HEREBY CERTIFY, That I attended deceased from Jan 37, to May 14, 1939
I last saw him alive on May 13, 1939 Death had to have occurred on the date stated above, at 6 A. M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage May 12/39
Date of onset 13/1

Other contributory causes of importance:
Ch. Neph -
Asplenic splen -
Stypanol -
Name of operation none Date of 70
What test confirmed diagnosis? Clin 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? 70
If so, specify Frank Hardigan
(Signed) L. J. Nestlebrook M. D.
(Address) St. Joseph, Mo.

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.....

myself.....
working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

John E. Rupp

Licensed Embalmer No.....

3986

P. O. Address.....

St Joseph

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, above space should be left blank.