

REC'D JAN 18 1940

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

42615
Do not use this space.

1. PLACE OF DEATH

(a) County Atchison. Registration District No. 2
(b) Township Tarkio, Primary Registration District No. 40 14
(c) City Tarkio Mo. (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred 450 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Fred Douglas Mullen.
(a) Residence, No. Tarkio, Missouri. St. (If nonresident, give city or town and State)

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 Bessie Mullen.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1868.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 71 00 I9
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ret'd Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. ###
10. Date deceased last worked at this occupation (month and year) 3 Yrs 11. Total time (years) spent in this occupation ###

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Indiana.

FATHER 13. NAME Hugh Lewis Mullen. 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana.

MOTHER 15. MAIDEN NAME Samira Foster. 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana.

17. INFORMANT (ADDRESS) Mrs Bessie Mullen. Tarkio, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Tarkio, Mo DATE July 24, 1939

19. FUNERAL DIRECTOR (ADDRESS) W. H. Bennett Tarkio, Mo.

20. FILED July 23, 1939 W. H. Bennett Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1939
22. I HEREBY CERTIFY, That I attended deceased from July 22, 1939 to July 22, 1939
Last saw deceased alive on July 22, 1939 Death is said to have occurred on the date stated above, at 9:30 A.M.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Arteriosclerosis of two years standing or more
Date of onset 7-22-39

Other contributory causes of importance:
Name of operation none Date of _____
What test confirmed diagnosis? Thrombosis Was there an autopsy? No

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) J. H. Davis, M. D.
(Address) Tarkio Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, W. S. Clement, Licensed Embalmer No. 3381

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. S. Clement

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed W. S. Clement

Licensed Embalmer No. 3381

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.)