S. No. 2
—11-10-39
. 5-17-39
I X21492

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

AUG 14 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24054

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 2664

1. PLACE OF DEATH:

(a) County Jackson 1

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's 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 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 0

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 8424 Prospect
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 30 years years.

3. (a) PRINT FULL NAME THOMAS J. MULLINS 452

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Susie Mullins

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Dec. 24, 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	6	8	hr. min.

9. Birthplace Co. Clare (City, town, or county) Ireland (State or foreign country)

10. Usual occupation Real Estate 5

11. Industry or business 5

FATHER
12. Name Lott Mullins
13. Birthplace (City, town, or county) Ireland (State or foreign country) 1

MOTHER
14. Maiden name Hannah Commane
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Mrs Susie Mullins
(b) Address 8424 Prospect

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-4-40 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Quirk & Tobin Co
(b) Address Kansas City, Mo

19. (a) July 2, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2d
year 1940 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 31st, 1940 to July 2d, 1940
that I last saw him alive on July 1st, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death suppurative appendicitis; partial coronary occlusion; lobar pneumonia, Type I; atelectasis

Due to 12 1/2

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy as described

Duration

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) no
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)
While at work? no (e) Means of injury 1

23. Signature Paul F. Sloofsey (M. D. or other)
Address Eagle Bld K. C. Mo Date signed July 2 1940

(Licensed Embalmer's Statement on Reverse Side)

Maurice will take
this to Dr Stookey

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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