

Registration District No. **327**

Primary Registration District No. **1002**

Registrar's No. **894**

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

1. PLACE OF DEATH: Jackson

(a) County **Jackson**

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

(c) Name of hospital or institution: **K.C. General Hospital No. 10**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 days** (Specify whether years, months or days)

In this community **43 yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **1418 Forest** (If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **George W. Mullin**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **2514-05-8192**

4. Sex **male** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Bernice**

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

7. Birth date of deceased **Feb 27 1898**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	43	0	4	_____ hr. _____ min.

9. Birthplace **Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Truck Driver**

11. Industry or business _____

MOTHER FATHER

12. Name **James Mullins**

13. Birthplace **Ky.** (City, town, or county) (State or foreign country)

14. Maiden name **Willis**

15. Birthplace **No Record** (City, town, or county) (State or foreign country)

16. (a) Informant **James D. Mullins**

(b) Address **1418 Forest**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Mar 3 1941** (Month) (Day) (Year)

(c) Place: burial or cremation **Woodlawn Cem.**

18. (a) Signature of funeral director **Mrs C.L. Forster**

(b) Address **918 Brooklyn**

19. (a) **3/3/41** (Date received local registrar) (b) **M. M. Brown** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **1st**
year **1941** hour **4** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **2-26-41**, 19____, to **3-1-41**, 19____;
that I last saw him alive on **3-1-41**, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute pulmonary edema and congestion**

Due to **Biliary cirrhosis of liver**

Other conditions **Toxic myocardiosis**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **See above**

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) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury **0**

23. Signature **Dwight R. Thow** (M. D. or other)
Address **Med. Dir. K.C. Gen. Hospital** Date signed _____

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

Signed J. Blair Sheppard
Licensed Embalmer No. 4179
P. O. Address: A. E. Moore

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, fact should be so stated above.