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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 11189

FD APR 9 1941

Registration District No. 0470 Primary Registration District No. 5633 Registrar's No. 36

5 0 0

**1. PLACE OF DEATH:**

(a) County Lawrence

(b) ~~City or town~~ Mt. Vernon, Mo Twp

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

(c) Name of hospital or institution: Missouri State Sanatorium

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 529 days (Specify whether years, months or days)

In this community 529 days

**2. USUAL RESIDENCE OF DECEASED:** 39

(a) State Missouri (b) County Greene 1

(c) City or town Ash Grove 0

(If outside city or town limits write "RURAL")

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

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

3. (a) PRINT FULL NAME Clophie Marie Mullins

3. (b) If veteran, name war No

3. (c) Social Security No. None known

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. 23d (Month) 1906 (Year)

8. AGE: Years 35 Months Days 12 If less than one day hr. min.

9. Birthplace Taney County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Waitress

11. Industry or business

MOTHER FATHER

12. Name Joseph Grover Mullens

13. Birthplace Canada 2 (City, town, or county) (State or foreign country)

14. Maiden name Mary Jones

15. Birthplace ~~Mary Jones~~ Illinois 1 (City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael Record Clerk

(b) Address Missouri State Sanatorium

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-9-41 (Month) (Day) (Year)

(c) Place: burial or cremation Ash Grove Mo.

18. (a) Signature of funeral director Gene Brown

(b) Address Ash Grove, Mo

19. (a) 3-8-1941 (Date received local registrar) (b) P. A. HOLMES (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 7th year 1941 hour 8:20 minute p M.

21. I hereby certify that I attended the deceased from Sept 25th, 1939, to March 7th, 1941, that I last saw her alive on March 7th, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Abput 9 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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)

(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? 4-2 1

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

23. Signature Geo Baum (M. D. or other)

Address Mt Vernon Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 441-55 1
Date Filed APR 5 1941

**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.**