

DEC 17 1941

Registration District No. _____

Primary Registration District No. 1

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Grim-Smith Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Three days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cherokee
 (c) City or town Queen City (Rural)
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Emery W. Mullikin

3. (b) If veteran, name war none 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 Marv K. Mullikin 6. (c) Age of husband or wife if alive 28 years
 7. Birth date of deceased March 28 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>8</u>	<u>7</u>	hr. _____ min. _____

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

10. Usual occupation farmer

11. Industry or business _____

12. Name E.W. Millikin
 13. Birthplace unknown Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Georgeanna Collins
 15. Birthplace unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Marv K. Mullikin
 (b) Address Queen City, Missouri
 17. (a) burial (b) Date thereof 12-6-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation McGrady Comt.

18. (a) Signature of funeral director S. W. Riley
 (b) Address Kirksville Mo.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5
 year 1941 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from December 2 1941, to Dec 5 1941;
 that I last saw him alive on Dec 5 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction Duration 6 days

Due to Post op. sepsis 4 yrs. ago

Due to _____

Other conditions 1228-2
(Include pregnancy within 3 months of death)

Major findings: Intestinal obstruction
gangrenous bowel
 Of operations _____
 Of autopsy _____

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 D

23. Signature [Signature] (M. D. or other) _____
 Address [Address] Date signed 12/14/41

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

RECEIVED

District Health Officer No. 10

District File Number 12-41-2171

Date Filed DEC 15 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

D. E. Riley

Licensed Embalmer No. 4181

P. O. Address 1125 Knoll RD

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.