

FILED MAR 9 1942  
 Registration District No. 277

Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
 (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:  
5840 Harrison  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 50 years  
years, months or days)

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. 5840 Harrison  
(If rural, give location)  
 (e) Citizen of foreign country? Yes (Yes or No)  
 If yes, name country Ireland

3. (a) PRINT FULL NAME DANIEL J. MULLINS  
 (b) If veteran, name war No  
 (c) Social Security No. No

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 30th day Jan  
 year 1942 hour 2:10 minute P M.  
 21. I hereby certify that I attended the deceased from Dec 1  
1941 to Jan 30 1942  
 that I last saw him alive on Jan 30 1942  
 and that death occurred on the date and hour stated above.

4. Sex Male  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widower  
 (b) Name of husband or wife Margaret Mullins  
 (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Jan 27 1869  
(Month) (Day) (Year)

Immediate cause of death  
Acute Myocardial Failure  
 Due to Tuberculosis & generalized arteriosclerosis  
 Due to Carcinoma of stomach by X ray diagnosis  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>		<u>3</u>	_____ hr. _____ min.

Physician  
H. B.  
 Underline the cause to which death should be charged statistically.

9. Birthplace County Clare Ireland  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Tavern Keeper

11. Industry or business \_\_\_\_\_  
 12. Name Lott Mullins  
 13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
 14. Maiden name Annora Conone  
 15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Mullins  
 (b) Address 5840 Harrison

17. (a) Burial (b) Date thereof Feb 2 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St Marys Cemetery

18. (a) Signature of funeral director Dwight & Robin Co  
 (b) Address 20 West Linwood

19. (a) 1/14/42 (b) M. M. Brome  
(Date received local registrar) (Registrar's signature)

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?  
(Specify type of place)  
 While at work \_\_\_\_\_ Means of injury \_\_\_\_\_  
 23. Signature John T. Shuman (M. D. or other) MD  
 Address 146 20 Bryant Bldg Date signed 1-31-42

Kawaculitz, Missour

**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.....

*John J. Bouray*....., Registered Apprentice No. *307*  
working under my personal supervision.

Signed..... *Charles M. Criss*

Licensed Embalmer No. *3634*

P. O. Address..... *150 4th*

**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.**