. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7041

Registration District No. 431 Primary Registration District No. 3023 Registrar's No. 25

51
2
2

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Warrensburg City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 53 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson 51
(c) City or town Warrensburg 2
(If outside city or town limits, write "RURAL") 2
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry Harrison Mullis.
3. (b) If veteran, name war World War
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive unknown
7. Birth date of deceased May (Month) 31 (Day) 1888 (Year)

8. AGE: Years 53 Months 8 Days 19 If less than one day hr. min.

9. Birthplace Johnson Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Bush Mullis
13. Birthplace Unknown Neb (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Frances Taylor
15. Birthplace Unknown Ky (City, town, or county) (State or foreign country)
16. (a) Informant Wm Mullis
(b) Address Warrensburg Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 22 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill
18. (a) Signature of funeral director Sweeney Phillips
(b) Address Warrensburg Mo
19. (a) Feb 21-42 (Date received local registrar) (b) Leola M Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20
year 1942 hour not known minute M.
21. I hereby certify that I attended the deceased from
Sept 1941 to 19
that I last saw him alive on alive Feb 17 1942
and that death occurred on the date and hour stated above.
Immediate cause of death In my opinion Cardiac Thrombosis
Due to I have treated him for Angina Pectoris
Due to Sclerosed arteries
He had a Cerebral Hemorrhage
Other conditions (Include pregnancy within 3 months of death) about 7 months ago

Duration
Instead
Fixed in bed death

Major findings:
Of operations 94a
Of autopsy none

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? No injury (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? — (e) Means of injury —
23. Signature John T Anderson (M. D. or other)
Address Warrensburg Date signed

1001

(Licensed Embalmer's Statement on Reverse Side)

MAR 1 0 1942

MAR 1 4 1942

RECEIVED
District Health Officer No. 8

District File Number

Date Filed 3-11-42

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 Earl Priest, Registered Apprentice No. , working under my personal supervision.

Signed Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg Mo

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.