

FILED MAY 21 1942
Registration District No. 299

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

(d) Length of stay: In hospital of institution 1 Day
(Specify whether years, months or days)

In this community 2 Months

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. 5741 Michigan Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country -----

3. (a) PRINT FULL NAME Roy John Mulick

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1942 hour 5:55 minute P. M.

21. I hereby certify that I attended the deceased from May 13
1942 to May 13 1942
that I last saw h. alive on May 13 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 Single

6. (b) Name of husband or wife -----

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

7. Birth date of deceased February 26 1942
(Month) (Day) (Year)

Immediate cause of death Acute Capillary Bronchitis

Duration 3 days

Due to 64

Due to -----

Other conditions Enlarged Thyroid
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

2 17 ----- hr. min.

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

10. Usual occupation Infant

11. Industry or business -----

MOTHER FATHER { 12. Name John Mulick, Jr.

{ 13. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Dorothy Walker

{ 15. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John Mulick, Jr.

(b) Address 5741 Michigan Avenue

17. (a) Burial (b) Date thereof May 15, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or Floral Hills Cemetery

18. (a) Signature of funeral director W. H. Newsom's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) May 14, 42 (b) M. N. Crowe
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: -----

Of operations -----

Of autopsy Above findings

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 -----

23. Signature Jack W. Wiley (M. D. or other) M.D.

Address Kansas City, Mo. Date signed 5-14-42

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

Signed

Emile M. Calhoun

Licensed Embalmer No. *3506*

P. O. Address *Kemo*

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.