

FILED AUG 24 1942

State File No.

Registration District No. 633

Primary Registration District No. 5834

Registrar's No.

7500

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

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Thayer (Rural) 1 mi N
(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 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75

(c) City or town Thayer (Rural)
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Isham Anderson Mullins

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Bell Mullins

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Sept. 17 1855
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	8	15	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Florey Mullins

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

14. Maiden name Unknown

15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Lewis Mullins

(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof 6/4/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thayer Cem.

18. (a) Signature of funeral director Res Carr

(b) Address Thayer, Mo.

19. (a) July 15, 1942 (b) Gae O. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1942 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 7
1942 to June 2 1942
that I last saw him alive on May 29
and that death occurred on the date and hour stated above.

Immediate cause of death:
Myocardial Infarction
due to
Myocarditis
due to
myocarditis

Other conditions (Include pregnancy within 3 months of death) 133a

Major findings:
Of operations _____
Of autopsy _____

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 0

23. Signature Gae O. Williams MD (M. D. or other)
Address Thayer, Mo. Date signed 7-8-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

111d

(Licensed Embalmer's Statement on Reverse Side)

Cooper

RECEIVED

District Health Officer No 5

District File Number 842674

Date Filed 8-21-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.