V. S. No. 2
50M—5-42
ev. 5-17-39
P 1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10470

State File No.

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 48

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural Blue Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 10500 Kentucky
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community 1 week (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 10500 Kentucky
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Jack Patrick Mullendore
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 Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Dec. (Month) 12 (Day) 1918 (Year)

8. AGE: Years 24 Months 1 Days 26 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Farm
FATHER
12. Name William Mullendore
13. Birthplace Nebraska (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha Hickey
15. Birthplace Kansas City (City, town, or county) Mo. (State or foreign country)
16. (a) Informant William Mullendore
(b) Address 10500 Kentucky
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/43 (Month) (Day) (Year)
(c) Place: burial or cremation Salem Cem
18. (a) Signature of funeral director George C. Carson
(b) Address Independence Mo.
19. (a) 2-10-1943 (Date received local registrar) (b) James Wood (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8 year 1943 hour 5:15 minute A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw him alive on Feb. 7, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis — Duration

Due to

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations 13 f 1
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Glen Green (M. D. or other)
Address Independence Mo. Date signed 2/9/43

(Licensed Embalmer's Statement on Reverse Side)

John R. Dunn

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. 2467

P. O. Address Indep. 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.