S. No. 2
M—9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13328

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1617

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Richmond, Mo. R# 2 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Children's Mercy Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7:25 P.M. 4-3-43 to 6:00 P.M. 4-5-43 (Specify whether years, months or days)

In this community 7:20 (4-3-43) to 6:00 P.M. (4-5-43)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray

(c) City or town Richmond, Mo (If outside city or town limits, write "RURAL")

(d) Street No. Rte # 2 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Charles David Mullins

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M

5. Color or race wh

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

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

8. AGE: Years 7 mos. Months Days If less than one day hr. min.

9. Birthplace K. C. Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation infant

11. Industry or business

FATHER
12. Name Robt Mullins
13. Birthplace Melville (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Frances Whelmer
15. Birthplace Richmond (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Hosp. records.

(b) Address K. C. Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-5-43 (Month) (Day) (Year)

(c) Place: burial or cremation Richmond Mo.

18. (a) Signature of funeral director J. B. Brothers

(b) Address Richmond Mo

19. (a) 4/5/43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 5-43 year 1943 hour 6:00 P.M. minute M.

21. I hereby certify that I attended the deceased from 4-3-, 1943, to 4-5, 1943 that I last saw h alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Heart

Due to 157E

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 H M Kelley 0 (M. D. or other)

Address 1624 Prof Bldg Date signed

(Licensed Embalmer's Statement on Reverse Side)

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. 2001

working under my personal supervision.

Signed J. B. Brackins

Licensed Embalmer No. 2001

P. O. Address Richmond, 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.