S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37422

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4594

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: K. C. General Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 min. (Specify whether
In this community 73 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 6

(d) Street No. 1415 Charlotte
(If rural, give location)

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

3. (a) PRINT FULL NAME Edward Mullins

3. (b) If veteran, name war no

3. (c) Social Security No. 496-09-9832

4. Sex male

5. Color or race w

6. (a) ~~Single, widowed, married,~~ divorced 3 Divorced

6. (b) Name of husband or wife Leaha Mullin

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

7. Birth date of deceased Nov. 10 — 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 17 16 If less than one day hr. min.

9. Birthplace (City, town, or county) Kans 1 (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business

FATHER
12. Name John Mullin
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Mary Mahon
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Katie Mullin
(b) Address 2754 Holmes

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/43 (Month) (Day) (Year)
(c) Place: burial or cremation St Marys Cem

18. (a) Signature of funeral director Mrs C R Forster
(b) Address 918 Broadway

19. (a) 10-29-43 (Date received local registrar) (b) D. E. Brown Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26th year 1943 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from Oct. 26th, 1943 to Oct. 26th, 1943 that I last saw him alive on Oct. 26th, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchiectasis; Pneumonia

Due to 106 lb

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 Drury R. Thorn (M. D. or other)
Address Med. Dir. Gen'l Hosp. Date signed 10-27-43

(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 Me

Registered Apprentice No.

working under my personal supervision.

Signed C. H. Wise

Licensed Embalmer No. 25-70

P. O. Address Kansas City 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.