

FILED APR 6 1944

Registration District No.

Primary Registration District No. 1002

WHITE 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:
3700 Belleview
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 69yrs, 4 mos, 11 days

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. 3700 Belleview
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Effie M. Mullins

3. (b) If veteran, name war No
3. (c) Social Security No. none

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife William E. Mullins
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased November 9 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 4 11
hr. min.

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

10. Usual occupation at home

MOTHER FATHER { 11. Industry or business _____

12. Name Fletcher Laundry
13. Birthplace Essex, England
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Gibson
15. Birthplace Rochester, New York
(City, town, or county) (State or foreign country)

16. (a) Informant William E. Mullins
(b) Address 3700 Belleview

17. (a) Burial (b) Date thereof 3-23-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Freeman Mortuary
(b) Address 104 west 42nd, K.C., Mo

19. (a) 3-21-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1944 hour 9 minute 44 M.

21. I hereby certify that I attended the deceased from 1-10-44
to 3-20-44
that I last saw he alive on 3-16-44
and that death occurred on the date and hour stated above
Immediate cause of death Coronary Thrombosis Duration Sudden death

Due to _____
Due to arteriosclerosis

Other conditions epilepsy several months ago
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy none
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) no
(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? no (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 822 Maple Blwy Date signed 3-20-44

*Dr. Sanderson
822 Ang Bldg*

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 *Walter H. Erwin*
Licensed Embalmer No. *4352*
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.