

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8720

State File No.

FILED APR 5 1945
789

Registration District No.

Primary Registration District No. 1002

Registrar's No. 1365

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
617 East 63rd, St. Terrace. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 28 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 617 East 63rd, St. Terrace
(If rural, give location)

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

3. (a) PRINT FULL NAME John A.V. MULLEN.

3. (b) If veteran, name war None

3. (c) Social Security No. 319-14-1218

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3- day 24
year 1945 hour 4⁰⁰ minute A M.

21. I hereby certify that I attended the deceased from
Coroner, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Terese C. Mullen

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased February 14th 1885
(Month) (Day) (Year)

Immediate cause of death
Coronary sclerosis

Due to Cardiac Dilatation

Due to

Other conditions (Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>1</u>	<u>10</u>hr.min.

Major findings:
Of operations.....

Of autopsy Yes as above

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

10. Usual occupation Retired

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?
.....

11. Industry or business Publishing Business

12. Name Bernard Mullen

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

14. Maiden name Mary Barnes

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Terese C. Mullen

(b) Address 617 East 63rd, St. Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/45
(Month) (Day) (Year)

(c) Place: burial or cremation Salvary Cemetery

18. (a) Signature of funeral director Melody-McGilley

(b) Address Kansas City Mo.

19. (a) 3-24-45 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

23. Signature James Walker (M. D. or other) Coroner

Address 1424 1/2 W. 11th Date signed 3-24-45

(Licensed Embalmer's Statement on Reverse Side)

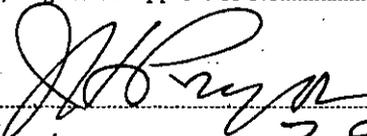
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 25 1945

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. 2997

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.