

**FILED** MAR 27 1946

Registration District No. 15

Primary Registration District No. 3004

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Barton  
(b) City or town Lamar  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: No  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton  
(c) City or town Lamar (If outside city or town limits, write "RURAL")  
(d) Street No. 803 Cherry (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Minnie Brown Mullin

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Robert P. Mullin 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased February 11 1883  
(Month) (Day) (Year)

8. AGE: Years 63 Months 0 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Unknown

11. Industry or business Unknown

MOTHER FATHER  
{ 12. Name Asa Brown  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Husband  
(b) Address Lamar, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-46  
(Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Gibson Funeral Home  
(b) Address Lamar, Missouri

19. (a) 2-14-1946 (Date received local registrar) (b) Maries Korantz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11  
year 1946 hour 1:45 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from December 24  
1944 to February 11, 1946;  
that I last saw her alive on February 9, 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 15 months

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury ?

23. Signature W. O. E. Lemons (M. D. \_\_\_\_\_)  
Address Lamar, MO Date signed 2-15-46

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

7372

5-1-1

14

RECEIVED

District Health Officer No. 6

District File Number 346-241

Date Filed MAR 20 1946

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 *C. L. Schaefer*

Licensed Embalmer No. 2299

P. O. Address *Lawyer 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.