

FILED July 18 1946
Registration District No. 27

Primary Registration District No. 3002

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

1. PLACE OF DEATH:
 (a) County Bates
 (b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
203 S. Mechanic 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 68 yrs.
years, months or days

3. (a) PRINT FULL NAME Louella Estella Mullis
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 6 1857
(Month) (Day) (Year)

8. AGE: Years 89 Months 1 Days 27
 If less than one day _____ hr. _____ min.

9. Birthplace Lafayette Co. Mo. h
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER
 11. Industry or business _____
 12. Name Phillip Gaines
 13. Birthplace Virginia 1
(City, town, or county) (State or foreign country)
 14. Maiden name Frances Corbin
 15. Birthplace Virginia 1
(City, town, or county) (State or foreign country)

16. (a) Informant H. C. Nicolay
 (b) Address Butler, Mo.

17. (a) Burial (b) Date thereof 7-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Gulver Underwood
 (b) Address N. Main Butler, Mo

19. (a) July 6 46 (b) Kendall Perry
Date received local registrar (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Bates 7
 (c) City or town Butler 1
(If outside city or town limits, write "RURAL")
 (d) Street No. 205 S. Mechanic 0
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 3
 year 1946 hour 10 minute 30 P. M.
 21. I hereby certify that I attended the deceased from June 25
1946 to July 3 1946
 that I last saw her alive on July 3 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death General Arterio-sclerosis
 Due to Cerebral hemorrhage
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy a)
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? _____

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature Carl W. Luter 0 ym d
(M. D. or other)
 Address Butler, Mo Date signed 7/6/46

RECEIVED

Case No. 6-46-756
Date Filed 7-19-46

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 John G. Woodward
Licensed Embalmer No. 3585
P. O. Address Butler, 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.