

No. 2
-12-45-
5-17-39
I X47070

FILED SEP 10 1946

State File No. _____

Registration District No. 316

Primary Registration District No. 3060

Registrar's No. 260

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 37 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Francois ⁹⁴

(c) City or town Farmington ⁴
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) ¹

(e) Citizen of foreign country? No (Yes or No) ⁰

If yes, name country _____

3. (a) PRINT FULL NAME Angie E. Mullins

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Absalom J. Mullins

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased May 17 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74	2	28	hr. min.
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9. Birthplace Ste. Genevieve Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Home Maker

11. Industry or business _____

MOTHER FATHER

12. Name Jacob Wampler ⁴

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

14. Maiden name Mary Womack

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

16. (a) Informant Absalom Mullins

(b) Address Farmington, Mo.

17. (a) B. (b) Date thereof Aug 18/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park View, Farmington,

18. (a) Signature of funeral director C.H. Cozean

(b) Address Farmington, Mo.

19. (a) 8-22-46 (b) Esther Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15
year 46 hour 11 minute 5 P.M.

21. I hereby certify that I attended the deceased from 1 week
1 1946 to Aug 15 1946.
that I last saw her alive on Aug 15 1946.
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Bypass ^{1 hr.}

Due to Coronary Arteriosclerosis ^{1 yr.}

Due to Hypertensive Disease ^{3 yr.}

Other conditions (Include pregnancy within 3 months of death) _____

Duration

Physician

Underline the cause to which death should be charged statistically.

Major findings: Of operations 4/30

Of autopsy _____

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? _____ (c) Means of injury 0

23. Signature E. J. Williams (M. Director)
Address Farmington, Mo. 63648

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

RECEIVED

District Health Officer No. 4

District File Number 946-256

Date Filed 9-9-46

SEP 12 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. Hoze
Licensed Embalmer No. 4084
P. O. Address Livingston 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.