

**FILED OCT 7 1946**

Primary Registration District No. 6022

Registrar's No. 96

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Rural Richmond Twp  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
R.F.D.#1, Rayville, Mo.  
(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 81 Years  
years, months or days

3. (a) PRINT FULL NAME Louisa J. Mullins

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Stephen Mullins

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

7. Birth date of deceased July 4, 1865  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>2m</u>	<u>18</u>	hr. min.

9. Birthplace Ray County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

12. Name William Burgess

13. Birthplace Ray County, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Ray County, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ben F. Mullins

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 9/24/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunny Slope Cem.

18. (a) Signature of funeral director Quest-Lile F. Home

(b) Address Richmond, Mo.

19. (a) Sept 23 - 46 (b) Mabel Jackson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray 89

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

(d) Street No. R.F.D.#1, Rayville, Mo.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22<sup>nd</sup>  
year 1946 hour 4 minute 25 P.M.

21. I hereby certify that I attended the deceased from 4 June, 1946 to 22 Sept, 1946  
that I last saw her alive on 22 Sept, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 5 hrs

Due to Arteriosclerosis

Due to ?Senility

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

Major findings:  
Of operations A3D

Of autopsy

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) (e) Means of injury

23. Signature J. F. Becknell M.D. (or other)

Address Richmond, Mo Date signed 25 Sept 46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number .....

Date Filed 10-5-26

---

---

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 Louis Faust

Licensed Embalmer No. 14096

P. O. Address Richardson

**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.